

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: January 21, 2026
Inspection Number: 2025-1080-0006
Inspection Type: Critical Incident Follow up
Licensee: CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)
Long Term Care Home and City: Regency Long Term Care Home, Port Hope

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 30, 2025, and January 2, 6, 13, 14, 16, 19, 20, 2026.

The inspection occurred offsite on the following date(s): January 5, 6, 15, 19, 2026.

The following intake(s) were inspected:

- A Follow-up #1 Intake-CO #001-O. Reg. 246/22 - s. 140 (2) related to Administration of Drugs with a CDD of December 5, 2025.
- A Critical Incident Report (CIR) Intake related to the fall of a resident.
- A CIR Intake related to the fall of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1080-0005 related to O. Reg. 246/22, s. 140 (2)

The following **Inspection Protocols** were used during this inspection:

- Medication Management
- Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: DUTY OF LICENSEE TO COMPLY WITH PLAN

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident experienced a fall resulting in injury. Review of the home's investigation records confirmed that a Personal Support Worker (PSW) did not follow the resident's care plan, which resulted in the resident's fall.

Sources: A CIR, the home's investigation records/relevant policies/procedures and an Interview with Staff.

WRITTEN NOTIFICATION: PAIN MANAGEMENT

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

1-Review of a resident's care plan confirmed a diagnosis, and for Registered Staff to conduct a specific pain assessment.

Review of a resident's medication orders confirmed an as necessary (PRN) medication was implemented on a specific date, which required Registered Staff to conduct a specific pain assessment for a specific timeframe. Registered Staff did not conduct the specific pain assessment on three occurrences as required.

Sources: A CIR, a resident's clinical health records, the home's relevant policies/procedures, and Interviews with Staff.

2-Review of a resident's care plan confirmed a diagnosis, and for Registered Staff to conduct a specific pain assessment.

Review of a resident's medication records confirmed a PRN medication was administered, and a specific pain assessment was not conducted by Registered Staff as required.

Sources: A CIR, a resident's clinical health records, the home's relevant policy/procedure, and Interviews with Staff.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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