

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: February 19, 2026

Inspection Number: 2026-1080-0001

Inspection Type:
Complaint

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): February 11, 12, 13, 17, 19, 2026.

The inspection occurred offsite on the following date(s): February 18, 2026.

The following intake(s) were inspected:

A complaint intake alleging improper care of a resident.

A complaint intake regarding falls and safety of a resident.

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

- Resident Care and Support Services
- Safe and Secure Home
- Reporting and Complaints
- Residents' Rights and Choices
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

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s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

A resident requested that their meals be delivered to their room. There was no documentation to show that tray service was offered or provided in response to the resident's requests for tray service.

Sources: Resident's clinical records, interview with staff.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The air temperature was not maintained at a minimum of 22 degrees Celsius in a resident room and in the hallway of a resident home area.

Sources: Observations, LTC home's records, photos, interview with staff.

WRITTEN NOTIFICATION: Oral care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 38 (1) (c)

Oral care

s. 38 (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required.

A resident was not offered a dental assessment after the home became aware that the integrity of the resident's oral tissue was compromised.

Sources: Resident's clinical records, interview with the resident, interviews with staff.

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WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Safe transferring techniques were not used after a resident fell.

Sources: LTC home's records, LTC home's policy, interview with staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

A resident had a falls prevention intervention device, however the device was not working when the resident fell and was injured.

Sources: LTC home's records, resident's clinical records, interview with staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a

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clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

A post fall assessment using a tool specifically designed for falls was not completed when a resident had a witnessed fall.

Sources: Interview with staff, resident's clinical records.



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

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