

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: January 27, 2026

Inspection Number: 2026-1109-0001

Inspection Type:

Critical Incident

Licensee: Southampton Care Centre Inc.

Long Term Care Home and City: Southampton Care Centre, Southampton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 21, 22, and 26, 2026

The inspection occurred offsite on the following date: January 23, 2026

The following intakes were inspected:

-Intake #00164426: Infection prevention and control

-Intake: #00165169: Food, nutrition and hydration

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

Food, Nutrition and Hydration

Infection Prevention and Control

INSPECTION RESULTS

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COMPLIANCE ORDER CO #001 Nutritional Care and Hydration Programs

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A) Review the care plan and plan of care for each resident who requires tray service for at least one meal per day on a consistent and regular basis. Ensure each resident's plan of care is up-to-date and provides clear direction related to level of assistance required to eat and drink, diet type, texture, fluid consistency and nutrition or dietary-related interventions, and when or under what circumstances staff should provide or offer tray service. Maintain a copy of this review, who completed the review, the date the review occurred, and any corrective actions taken.

B) Provide training to all dietary aides and cooks related to the home's process to ensure diets are plated correctly for all residents requiring tray service. At minimum, this should include a review of: the home's long-term care (LTC) meal service policy, reviewing the master diet list (MDL) for diet type and any nutrition or diet related interventions, and if required, cutting up food. Maintain a written record of the

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training provided, including the date the training was received, the name of the individuals who completed the training, the name of the individual who delivered the training, and the nature of the training (ie. what was reviewed and training format).

C) Provide training to all personal support workers (PSWs) related to the home's process to ensure diets are correct prior to serving trays to all residents requiring tray service. At minimum, this should include a review of: the home's long-term care meal service policy, reviewing the master diet list (MDL) and resident's plan of care for diet type and any nutrition or diet related interventions, returning to the kitchen to retrieve missed items if applicable, cutting up food as required, and providing the level of assistance as outlined in each resident's plan of care. Maintain a written record of the training provided, including the date the training was received, the name of the individuals who completed the training, the name of the individual who delivered the training, and the nature of the training (ie. what was reviewed and training format).

D) Complete an audit twice per week for three weeks (a minimum of six audits total) related to tray service for three of the residents receiving and requiring meal trays. If there are less than three residents requiring meal tray service, audit the total number of residents who received trays and note this on the audit tool. At minimum, include the following in the audit tool: the date and time the audit was completed, the name of each resident being audited, level of assistance required according to each resident's care plan, level of assistance required according to each resident's most recent inter- resident assessment instrument (RAI) assessment, level of assistance provided during the audit observation, whether the care plan or plan of care includes specific instructions related to tray service, diet order and diet-related interventions according to the MDL, diet order and diet-related interventions according to the tray service MDL, diet order and diet-related interventions provided

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during the observation, corrective actions (if required), and the name of the individual(s) who completed the audits. If corrective actions are required, include the date and time the corrective action was taken, and what the corrective action was. Maintain copies of all audits on file.

Grounds

The home's long-term care (LTC) meal service policy stated the Culinary Manager will ensure the diets and interventions are communicated on the Master Diet List (MDL) for each resident's needs. It documented the Personal Support Worker (PSW) will ensure they refer to the MDL when provided plate by dietary staff prior to serving the resident, ensure each resident is offered all of the items on his or her prescribed menu plan, and ensure each resident who requires assistance receives it immediately upon being served a meal.

1) On a specific date, there was an incident where a resident received tray service and their nutrition related interventions were not implemented to manage nutrition-related risks. The resident experienced negative health outcomes as a result of the incident.

A) A nutrition intervention was included on the resident's MDL. Staff within the home confirmed the resident required this nutrition intervention. This intervention was not included on the residents modified diet list or care plan. On the date of the incident, the resident did not receive the nutrition intervention.

B) According to the resident's care plan and most recent inter-Resident Assessment Instrument (inter-RAI) assessment, they required a specific level of assistance while eating. Staff within the home confirmed the level of assistance that should have been provided. On the date of the incident, the resident was not provided with this

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specific level of assistance while eating.

Sources: the home's investigation file, a resident's clinical health records, the home's LTC meal service policy, and interviews with staff.

2) On a specific date, a resident was provided with a meal tray at bedside in their room, and staff exited their room without providing assistance to eat. According to the resident's care plan, staff were to provide assistance and support for the resident to eat.

Sources: a resident's care plan, the home's LTC meal service policy, inspector observations, and an interview with a staff member.

This order must be complied with by March 9, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.