

Ministry of Long-Term Care

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

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: June 18, 2025

Inspection Number: 2025-1212-0003

Inspection Type:

- Complaint
- Critical Incident
- Follow up

Licensee: CVH (NO. 11) 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: Humber Valley Terrace, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 10-13, 16-18, 2025.

The following intake(s) were inspected in this complaint inspection:

- Intake: #00146200 - related to resident care and service.

The following intake(s) were inspected in this Critical Incident (CI) inspection:

- Intake: #00143539/CI #2716-000009-25 - related to communicable disease outbreak.
- Intake: #00144731/CI #2716-000013-25 - related to falls prevention and management.
- Intake: #00147368 /CI #2716-000019-25 - related to missing resident.

The following intake(s) were inspected:

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- Intake: #00147724 - Follow-up on Compliance Order(CO)# 001 related to Prevention Of Abuse and Neglect from Inspection #2025-1212-0002.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1212-0002 related to FLTCA, 2021, s. 24 (1)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management
- Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

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

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Plan of care

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.

The licensee has failed to ensure that the provision of care for discharge was documented in a resident's plan of care. The Resident Services Coordinator stated they had offered alternative accommodation options to the resident and contacted Ontario Health at Home related to their discharge but did not document these conversations in the resident's plan of care.

Sources: Resident's clinical records; and interviews with the Resident Services Coordinator.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that the weekly skin assessments of resident's wounds on their lower extremities were documented on a specific date using a clinically appropriate skin assessment tool.

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In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the skin and wound program were complied with. Specifically, the Wound Management policy that directed the nursing staff to use the identified skin and wound assessment for residents exhibiting altered skin integrity.

Sources: Resident's clinical records; the home's wound management policy (RFC-06-02, created August 2024); and interview with Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

IPAC Standard for Long-Term Care Homes (LTCH), dated April 2022, revised September 2023, section 9.1 (d) indicated that at minimum, routine practices should include the proper use of Personal Protective Equipment (PPE), including the appropriate application and removal.

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On a specific date, Personal Support Worker (PSW) did not follow the appropriate PPE doffing sequence when they exited a resident's room, who was on additional precautions. Specifically, the PSW did not perform hand hygiene after doffing their gloves, and before doffing their gown.

Sources: Observation of the PSW, and interview with PSW.

WRITTEN NOTIFICATION: Licensee to Stay in Contact

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

Non-compliance with: O. Reg. 246/22, s. 153 (1)

Licensee to stay in contact

s. 153 (1) Every licensee of a long-term care home shall maintain contact with a resident who is on a medical absence or psychiatric absence or with the resident's health care provider in order to determine when the resident will be returning to the home.

The licensee has failed to ensure that the home maintained contact with a resident's health care provider when they were on a medical absence at an external facility between specific dates, to determine when the resident would return to the home. The home received the resident's discharge summary on specific date, and was discharged from the external facility on a later date. However, the home did not contact the facility to coordinate the resident's discharge and was unaware the resident was discharged from the external facility until some days after.

Sources: Resident's progress notes, discharge summary; and interviews with the Registered Nurse (RN) and Clinical Consultant.

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Fixing Long-Term Care Act, 2021**

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