

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: February 12, 2026

Inspection Number: 2026-1001-0001

Inspection Type:

Complaint
Critical Incident

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: Hallowell House, Picton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 29, 2026 and February 2-5, and 9-11, 2026

The following intake(s) were inspected:

-Intake: #00165069 - CI #0891-000021-25 - Alleged improper/Incompetent care of resident by staff and water temperature concerns.

-Intake: #00166721 - Complaint received with concerns regarding air temperatures and general repair of the home.

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

Housekeeping, Laundry and Maintenance Services

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Accommodation services

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

Non-compliance with: FLTCA, 2021, s. 19 (1) (c)

Accommodation services

s. 19 (1) Every licensee of a long-term care home shall ensure that,
(c) there is an organized program of maintenance services for the home.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to Maintenance Care is complied with.

The Long-Term Care Home's (LTCHs) Maintenance Care Policy #MN-01-04 states that all staff must use the Maintenance Care (MC) System Portal to submit maintenance requests providing as much detail as possible (ie: location, issue description, etc) for all maintenance issues observed in the home.

Interviews with multiple staff confirmed multiple systems in use, including writing maintenance concerns on staff report sheets or maintenance log book, and verbal notification.

Sources: Maintenance Care Policy #MN-01-04 (December 2025); LTCH Report Sheets; Interviews 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

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maintained at a minimum temperature of 22 degrees Celsius.

On specified dates in December 2025, and January, 2026, a specific resident room had temperature recordings under the required 22 degrees Celsius. Inspector also observed a temperature of 21.0 degrees Celsius within the specified room on February 09, 2026. A resident indicated in the mornings the room felt cold.

Sources: Inspector Observations on February 9, 2026; Review of Air Temperature Logs for resident specific room; Interview with staff and a resident.

COMPLIANCE ORDER CO #001 Accommodation services

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (c) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1. A procedure to evaluate the state of repair in all Resident Home Areas (RHAs), including but not limited to: resident wing hallways, common areas, resident rooms, resident washrooms, and tub rooms.
2. A review of the preventive maintenance program and perform a thorough assessment of all RHAs to identify items requiring repair, replacement, or cleaning. This includes; tub rooms, resident rooms including the washroom, floors, walls, baseboards, ceilings, window screens, and hand rails.

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3. Create an action plan, which includes the individual responsible for each maintenance service, method for completing the repair, status of the repair, date of completion, and how the item will be maintained. The plan should evaluate resident impact, and operational plans, if required, must be submitted using the appropriate processes.
4. Actions to address sustainability once the home has been successful in ensuring compliance.

Please submit the written plan for achieving compliance for inspection #2026-1001-0001 to Stephanie Fitzgerald (741726), LTC Homes Inspector, MLTC, by email to ottawadistrict.mlhc@ontario.ca by February 27, 2026.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

During inspector observations of the home on February 9, 2026, multiple resident areas were observed to require maintenance, including but not limited to:

- damaged, missing, and stained ceiling tiles
- uneven or damaged flooring
- damaged drywall and wall tiles in resident rooms, bathrooms, and common areas
- exposed ventilation from indoor to outdoors in a resident room with a notable draft;
- water damaged ceiling in the main tub room
- stained or rusting fixtures in resident washrooms and common areas

During interviews with Environmental Services Manager (ESM) and staff, it was acknowledged that the identified areas were not in a safe condition and in a good state of repair and that this was a historical area of concern.

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Sources: Inspector observations on February 9, 2026; Interviews with staff

This order must be complied with by May 10, 2026

COMPLIANCE ORDER CO #002 Air temperature

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

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

Specifically, the licensee shall:

1. Develop and implement a process for ensuring that when the temperature is noted to be below 22 degrees Celsius, that it is reported to the appropriate person immediately, and corrective actions are taken to ensure the temperature returns to the required range.
2. Develop a process that clearly identifies the procedure for monitoring air temperatures within the home. This process shall include:
 - (a) how the temperature is taken
 - (b) who is responsible for taking the temperature
 - (c) areas of the home and frequency the temperature is to be taken.
3. Conduct in person education with all staff involved with the air temperature processes in (1) and (2). Keep a documented record of who provided the education, the date the education was provided, the name of the staff in attendance, and the

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contents of the education.

4. Maintain a written record of the requirements under (1), (2) and (3).

Grounds

The Policy for Air Temperature Monitoring states the Executive Director must ensure a home specific process is implemented for monitoring and documenting indoor temperatures in at least two resident bedrooms in different parts of the home, one resident common area, and every designated cooling area, if there are any in the home. The policy also states these measurements are required to be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

A review of the air temperature logs provided by the home showed 17 missing dates of entries for December, 2025, three missing dates of entries for February 2026. Inspector was not provided any documentation of temperatures for January, 2026.

During an interview, management confirmed a change in process in taking air temperatures in October, 2025. Staff indicated uncertainty on the process related to taking air temperatures, with no education provided to staff on the process for taking air temperatures.

Sources: Review of Air Temperature Logs; Air Temperature Monitoring Policy #MN-01-05 (December 2025); Interviews with staff

This order must be complied with by May 11, 2026

COMPLIANCE ORDER CO #003 Maintenance services

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NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (i)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

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

Specifically, the licensee shall:

1. Determine the cause of water temperature being below 40 degrees Celsius.
2. Create and implement an action plan to address the water temperature in (1).
3. Maintain a written record of the requirements under (1) and (2)

Grounds

On December 3, 2025, the Long-Term Care Home (LTCH) received a written complaint regarding the water delivery in a specific resident room. The complaint received referenced no hot water, as well as a lack of reliable continuous water flow.

During interviews with multiple staff, and a resident, it was confirmed the sinks in resident rooms are a source of water for bathing and hygiene practices in between bath days, and as needed. It was also confirmed that staff often are required to source water within the appropriate temperature range from rooms two to three doors down from the effected sinks. Staff confirmed residents voice the water is too cold, with a resident confirming the water can be an uncomfortable temperature at

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times.

Water temperature logs for resident rooms showed 59 out of 93 missing temperatures in December, and 18 out of 84 missing entries for January 2026. Of the temperatures taken, five temperatures were reported as lower than the required 40 degrees Celsius in December 2025, and four in January 2026. Water temperature logs for the Sunset Unit bathtub showed a reading of 36.3 degrees Celsius on January 17, 2026, with missing temperatures on four subsequent days in January.

During inspector observations between January 2-4, 2026, inspector measured the water temperature of the bathtub within the Maple/Oak unit to be 38.8-39.0 degrees Celsius. Inspector also noted the sink in a specified resident room to have a water temperature of 34.7 degrees Celsius, both under the required 40 degrees Celsius.

Sources: Inspector observations on January 2-4, 2026; LTCH e-correspondence; Water temperature logs for December, 2025 and January, 2026; Interviews with a resident and staff

This order must be complied with by May 8, 2026

COMPLIANCE ORDER CO #004 Maintenance services

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (k)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

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(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

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

1. Develop and implement a process for ensuring that when water temperature is noted to be below 40 degrees Celsius, that it is reported to the appropriate person immediately, and corrective actions are taken to ensure the temperature returns to the required range.
2. Develop a process that clearly identifies the procedure for monitoring water temperatures within the home. This process shall include:
 - (a) how the temperature is taken
 - (b) who is responsible for taking the temperature
 - (c) areas of the home and frequency the temperature is to be taken.
3. Conduct in person education with all staff involved with the water temperature processes in (1) and (2). Keep a documented record of who provided the education, the date the education was provided, the name of the staff in attendance, and the contents of the education.
4. Maintain a written record of the requirements under (1), (2), and (3).

Grounds

The LTCHs Water Temperature Monitoring Policy directs registered staff to obtain a hot water temperature once per shift in random locations where residents have access to hot water. Allow the water to run for at least two minutes prior to measuring the temperature. During inspector observations, it was noted the taps in all resident washroom are automatic taps, and require motion in front of a sensor to turn on. There is a lever on the right side of each tap that can be flipped forward, or

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back to yield hot or cold water flow. The taps run on an automatic timer, and will turn off automatically, even if in use. There is then a time delay on when they can be operational again, and cannot be turned back on immediately for use. Inspector was unable to locate a sink in a resident room, that would allow water to run for two minutes.

Water temperature logs for resident rooms showed 59 out of 93 missing temperatures in December, and 18 out of 84 missing entries for January 2026. Water temperature logs for the Sunset Unit bathtub were missing temperature recordings on four days in January, 2026.

Sources: Inspector observations on January 2-4, 2026; Water Temperature Monitoring Policy #RFC-02-17 (August 2025); Water temperature logs for December, 2025 and January, 2026; Interviews with staff

This order must be complied with by May 10, 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.