Ontario

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

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

Central East District
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Public Report

Report Issue Date: March 5, 2026
Inspection Number: 2026-1293-0001
Inspection Type: Proactive Compliance Inspection
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: Warkworth Place, Warkworth

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 17 - 19, 23 - 27, 2026 and March 2 - 5, 2026

- Intake #00167849 - Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

A window that opened to the outdoors in a resident's room opened more than 15 centimeters. A Maintenance Worker (MW) acknowledged the window required maintenance and promptly repaired the window.

Sources: Observation of a resident room, and interview with a MW.

Date Remedy Implemented: February 17, 2026
NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 148 (2) 1.
Drug destruction and disposal
s. 148 (2) The drug destruction and disposal policy must also provide for the following:
1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

The home's Destruction and Disposal of Narcotic and Controlled Medications policy indicated that the medication destruction container is sealed and stored securely for removal by a designated waste disposal company.

An observation of the medication disposal and storage area noted that a medication destruction container with various medication in it, had been open and accessible to anyone who has access to the secure room.

Sources: Observation of the medication room; Medication Destruction and Disposal –

(non-Narcotic/Controlled medications); Interview with registered staff.

Date Remedy Implemented: March 3, 2026

WRITTEN NOTIFICATION: Duty to respond to Residents' Council

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)
Powers of Residents' Council
s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The Resident Council President reported ongoing concerns related to the staff not responding to call bells in a timely manner. The Resident Council meeting minutes showed that the Council had brought forward this concern on several occasions. There were two months when the Residents Council did not receive a response in writing to their concerns within 10 days of receiving the advice from the Residents' Council.

Sources: Resident Council meeting minutes and an interview with the Executive Director (ED) and Resident Council President.

WRITTEN NOTIFICATION: Duty to respond Family Council

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 66 (3)
Powers of Family Council
s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The Family Council meeting minutes and an interview with the Family Council President confirmed that the Council had brought forward concerns on several occasions. The Family Council did not receive a response in writing for their concerns within 10 days of the licensee receiving the advice from the Family Council.

Sources: Family Council meeting minutes and an interview with the ED and Family

Council President.

WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
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,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident was prescribed weekly skin assessments.

Record review identified the resident had an area of altered skin integrity. There was no documentation to assess the altered skin integrity during one week.

There was an increased risk for skin deterioration when the resident's skin integrity was not reassessed at least weekly.

Sources: Weekly skin assessments, Progress notes, and interview with registered staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

A resident reported there were times they would remain in a soiled brief for extended periods due to staff not answering their call bell in a timely manner. The resident required the assistance of staff. The resident was able to activate their call bell and

request staff assistance. The call bell audit confirmed the resident had activated their call bell and there was a delayed response time ranging from 15 minutes to 40 minutes on several occasions.

Sources: Call bell audit report, Resident Council Meeting Minutes and an interview with a resident.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.
Infection prevention and control program
s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:
11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

There was no Alcohol-Based Hand Rub (ABHR) immediately available at the point-of-care location for two residents. One of the resident's required additional contact precautions. A MW acknowledged the two ABHR dispensers located in the residents' room were empty and there was no access to hand hygiene agents at point-of-care.

Sources: Observations and interview with a MW.