

**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

<b>Original Public Report</b>	
<b>Report Issue Date: August 17, 2023</b>	
<b>Inspection Number: 2023-1193-0006</b>	
<b>Inspection Type:</b> Complaint Director Order Follow Up (DOFU) Critical Incident System	
<b>Licensee:</b> CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partner	
<b>Long Term Care Home and City:</b> Orchard Villa, Pickering	
<b>Lead Inspector</b> Chantal Lafreniere (194)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Patricia Mata (571) Rita Lajoie (741754)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): August 10, 11, 14, 15, 16, 2023</p> <p>The following intake(s) were inspected:</p> <p>Director Order Follow up #: 1 - FLTCA, 2021, s. 24 (1) complaint for allegation of staff to resident abuse. Resident complaint related to care issues.</p>

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:  
Director Order #001 related to FLTCA, 2021, s. 24 (1) inspected by Patricia Mata (571)

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

Resident Care and Support Services  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO THE DIRECTOR

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee failed to immediately report the allegation of abuse reported by a resident's Substitute Decision Maker (SDM).

An anonymous complaint was received by the Director related to the provision of care by staff at the home. Review of the licensee's complaint binder indicated a complaint from resident's SDM, involving a PSW.

The RN received a verbal complaint from resident's SDM indicating that the PSW had been abusive towards the resident. The RN confirmed that the complaint should have been forwarded to the Director but was very busy and did not complete the after-hours call to the Ministry.

Failing to ensure that the Director is notified of any allegations of abuse could potentially place the resident at risk for further abuse.

Sources: Review internal complaint and interview with staff. [194]

### WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS

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

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Non-compliance with: O. Reg. 246/22, s. 108 (2) (a)

The licensee has failed to ensure that a documented record of a resident's verbal complaint regarding a dietary request was kept in the home.

A verbal complaint was received by the director from a resident regarding not being provided a dietary request on a number of occasions.

The DOC confirmed that the resident had made a verbal complaint regarding the dietary request not being provided. The DOC was unable to provide documented evidence of the verbal complaint.

Failing to ensure that the verbal complaint was documented potentially impacted the resident's satisfaction with how the home resolved their concerns.

**Sources:** Review of homes' complaint log and interviews with the resident and staff. [741754]



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

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