

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

Public Report

Report Issue Date: May 7, 2026

Inspection Number: 2026-1147-0004

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: Hope Street Terrace, Port Hope

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 29, 2026 and May 1 - 7, 2026

Proactive Compliance Inspection (PCI)

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

Contenance Care
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services

INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation services

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

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.

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The Long-Term Care Home (LTCH) kitchen was not maintained in a safe condition and in a good state of repair, as evidenced by cracked flooring, water leaks, peeling paint, and surface discoloration.

Source: Inspector's observation and interview with staff.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

Menu items were not consistently served at safe temperatures. End-point cooking temperatures were missing on multiple dates for meals. In addition, service temperatures were not recorded on two occasions for meals served in the main dining room, and on two occasions for meals served on the second floor.

Sources: End Point and Point of Service Food Temperature Logs, Taking Food Temperatures Policy No. RFNC-05-02, and an interview with staff.

WRITTEN NOTIFICATION: Maintenance services

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

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

Maintenance services

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

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

Specifically, a cooking equipment in the LTCH kitchen was not in good repair, as it was leaking water. A staff indicated the unit was old, required parts had not been repaired and the unit will be replaced.

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Source: Inspector's observation, and interview with staff.

COMPLIANCE ORDER CO #001 Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (f)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

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

1: Complete a root cause analysis to determine the circumstances and contributing factors resulting in continence products running out before delivery dates.

a: From the analysis, determine gaps in processes, and create and implement an action plan to address these gaps, including follow-up actions with staff, if required;

b: Maintain detailed documentation of the root cause analysis, action plan and implementation of the action plan, including when and who was involved in the implementation.

2: Develop and implement a contingency plan to ensure all sizes of continence products are available in sufficient quantities at all times for all required changes in the home.

a: Determine who is required to be aware of the contingency plan and keep a record of these individuals to provide to the Inspector.

b: When implementing the contingency plan, keep detailed documentation to provide to the inspector on when it was implemented, by who, and what actions were taken.

Grounds

A range of continence care products was not available to residents and staff in sufficient quantities to meet all required changes for residents.

Two staffs indicated while assisting residents with morning care, continence briefs in the correct sizes were not readily available for their assigned residents. Each staff was

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responsible for 10 residents at the time.

A staff indicated that they were informed that multiple residents needed different continence briefs at night. However, based on the inspector's observations, the required briefs were not readily available in the resident's room four days after the initial request.

Furthermore, two staffs acknowledged they had to borrow continence products from a sister home or purchased continence products in the past when they ran out of products in the home to keep the home operational until restocking occurred. One of the two staffs further indicated that on one occasion they were unable to borrow supplies from a sister home and therefore had to purchase the products themselves for the home.

Sources: Inspector's observations, interview with staffs, Residents PCC documentations.

This order must be complied with by July 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
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

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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:

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.



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

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