

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: June 9, 2025

Inspection Number: 2025-1083-0003

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: Thorntonview, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 4 - 6, 9, 2025.

The following intake(s) were inspected:

- Intake: #00144484 - Fall of a resident
- Intake: #00146842 - Complaint concerns
- Intake: #00146504 - Resident to resident abuse

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

An incident occurred where resident #002 had an altercation with co-resident #003. After the first incident involving resident #002, the home had implemented a 1:1 Personal Support Worker (PSW) to monitor resident #002 from the inside of the home, while resident #002 was in the outdoor smoking area. The home failed to protect resident #003 from resident #002 in the outdoor smoking area.

Sources: Critical Incident Report, camera footage, medical records and interviews of resident #002 and resident #003, interviews with staff.

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