

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

**Toronto District**  
5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

## Public Report

**Report Issue Date:** October 21, 2025

**Inspection Number:** 2025-1103-0005

**Inspection Type:**  
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:** Main Street Terrace, Toronto

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 15, 16, 20, 21, 2025  
The inspection occurred offsite on the following date(s): October 17, 2025

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake: #0015643 [CI: 2589-000020-25] - related to a fall of a resident resulting in injury
- Intake: #00157159 [CI: 2589-000022-25] - related to an allegation of abuse of a resident by a staff

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

Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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The licensee has failed to ensure that a specialized equipment was applied for a resident as specified in their plan of care. A resident sustained an injury, and the equipment was not applied at the incident.

**Sources:** A resident's clinical records; Home's investigation notes; and interviews with a Personal Support Worker (PSW) and a Registered Practical Nurse (RPN).