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
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: December 3, 2025

Inspection Number: 2025-1193-0007

Inspection Type:
Complaint
Critical Incident
Follow up

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: Orchard Villa, Pickering

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 25 - 28, 2025 and December 1 - 3, 2025.

The inspection occurred offsite on the following date(s): November 27 - 28, 2025.

The following intakes were inspected:
An intake related to Follow-up #: 1 - CO #001 Duty to protect, FLTCA, 2021 - s. 24 (1) CDD November 21, 2025.

An intake / Critical Incident (CI) was related to improper care of a resident that resulted in a fall with injury.

An intake was related to a complaint of improper treatment of a resident by the staff.

An intake / CI was related to a resident with an injury of unknown cause.

An intake / CI was related to a fall with injury.

An intake / CI was related to an allegation of staff-to-resident verbal abuse.

An intake / CI was related to an allegation of emotional abuse of a resident.

An intake was related to a complaint of a resident-to-resident sexual abuse.

An intake / CI was related to improper care of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1193-0005 related to FLTCA, 2021, s. 24 (1).

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Continence Care
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A registered staff did not complete the required skin assessment when the resident exhibited altered skin integrity on an identified date.

Sources: the resident's clinical health records, home's investigation notes, and interviews with the Personal Support Worker (PSW) and the Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Continence care and bowel management.

NC #002 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 review of the resident's electronic health records indicated that they required staff's assistance for toileting and incontinence care, and to be completed in a timely manner. On an identified date, the resident waited for hours prior to receiving such care.

Sources: Critical Incident Report, home's internal investigative notes, the resident's electronic health records, and interview with the Director of Care (DOC).

COMPLIANCE ORDER CO #001 Falls prevention and management.

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1a. A designated staff person is to perform two audits a week, for a total of two weeks, on the PSW demonstrating how they address residents' care needs.

b. The audit forms must be clearly documented with the auditor's name, title, date, auditing time, staff's performance during audit, name of the resident the staff was providing assistance to, and audit outcome.

c. The DOC or the ADOC to meet with the PSW upon completion of the final audit to review results

with the staff and to provide additional education and coaching as required. Meeting to be clearly documented.

2. Home to develop and implement a process for the resident to ensure their care needs are addressed during shift change.

Grounds

Rationale and Summary:
On an identified date, the resident activated the call-bell. The PSW attended to the call but informed the resident that they were unable to provide such support as they were engaged in another task. Upon completion of the task, the PSW returned to the resident's room but the resident was already on the floor. Due to the resident's condition, they had to be sent to a local medical facility for further care and treatment. When interviewed, the DOC stated the fall could have been prevented if the resident's need was addressed at the time of calling.

Sources: Critical Incident Report, home's internal investigative notes, the resident's electronic health records, and interview with the DOC.

This order must be complied with by January 16, 2026.

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

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.