

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

<b>Report Issue Date:</b> February 9, 2026
<b>Inspection Number:</b> 2026-1193-0001
<b>Inspection Type:</b> Complaint Critical Incident Follow up
<b>Licensee:</b> CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)
<b>Long Term Care Home and City:</b> Orchard Villa, Pickering

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 27-30, 2026, and February 2-6, and 9, 2026.

The following intake(s) were inspected:

- Three intakes related to follow-up compliance orders.
- Three intakes related to allegations of resident to resident abuse.
- An intake related to an allegation of staff to resident neglect.
- Two intakes related to the improper care of residents.
- Intake related to a complaint regarding Infection Prevention and Control (IPAC) practices.
- Intake related to a complaint regarding the death 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 #2025-1193-0006 related to FLTCA, 2021, s. 25 (1)
- Order #002 from Inspection #2025-1193-0006 related to O. Reg. 246/22, s. 59 (b)
- Order #001 from Inspection #2025-1193-0007 related to O. Reg. 246/22, s. 54 (1)

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

- Resident Care and Support Services
- Continence Care

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Infection Prevention and Control  
Responsive Behaviours  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 4.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to freedom from abuse.

1. Specifically, a resident sustained an injury by another resident on a specified date.

**Sources:** The resident's progress notes.

2. The Director was made aware of an allegation of abuse involving two residents.

As a result of the incident that occurred on a specified date, a resident sustained an injury.

**Sources:** Internal investigation notes, Critical Incident Report (CIR), policies, the resident's clinical health records, and interviews with staff.

### WRITTEN NOTIFICATION: Based on assessment of resident

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

**Non-compliance with: FLTCA, 2021, s. 6 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

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The Home had not developed and implemented a plan of care that reflected a resident's assessed needs and identified risks, creating a significant risk of harm.

**Sources:** Clinical Records and assessment of the resident, policies, and an interview with staff.

### **WRITTEN NOTIFICATION: Duty of licensee to comply with plan**

NC #003 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.

After an incident that occurred on a specified date, documentation confirmed staff had not assisted the resident as specified in their care plan.

**Sources:** CIR, policies, the resident's clinical health records, observations, interviews with a resident and staff.

### **WRITTEN NOTIFICATION: Documentation**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

#### **Non-compliance with: FLTCA, 2021, s. 6 (9) 2.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

2. The outcomes of the care set out in the plan of care.

The Director was informed of an incident involving a resident.

A review of a resident's clinical health records, confirmed staff had not documented an intervention.

**Sources:** CIR, the resident's clinical health records, and interviews with staff.

### **WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

Specifically, staff did not complete an intervention of two residents immediately after being informed of the alleged abuse incident on a specified date, involving the two residents.

**Sources:** The residents' health records, policies, and an interview with staff.

### **WRITTEN NOTIFICATION: Transferring and positioning techniques**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A CIR was submitted involving a resident.

During a review of the resident's clinical records, they sustained a fall during a transfer. After the fall, staff had attempted to manually transfer the resident.

**Sources:** CIR, policies, the resident's clinical health records, observations, interviews with the resident and staff.

### **WRITTEN NOTIFICATION: Falls prevention and management**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

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Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

On a specified date, a resident sustained a fall. Staff did not complete the post-fall assessment.

**Sources:** Clinical records of the resident, and an interview with staff.

### **WRITTEN NOTIFICATION: Skin and wound care**

NC #008 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 review of a resident's clinical health records indicated that registered staff had not completed a skin assessment, after a change in their skin integrity.

**Sources:** CIR, policies, the resident's clinical health records, and interviews with staff.

### **WRITTEN NOTIFICATION: Skin and wound care**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

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,  
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote

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healing, and prevent infection, as required,

A review of documentation revealed changes to a resident's skin on a specified date, and staff did not immediately communicate the change to registered staff.

**Sources:** CIR, policies, the resident's clinical health records, and interviews with staff.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Continence care and bowel management

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

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

A resident's clinical health records indicated the resident required the assistance of staff with continence care. Documentation revealed that resident had not received the assistance of staff on a specified date, for an extended period of time.

**Sources:** CIR, the resident's clinical health records, and interviews with staff.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #011 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

On a specified date, a resident was not assisted with continence care for an extended period of time.

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**Sources:** Interview with the resident.

## **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,  
(h) residents are provided with a range of continence care products that,  
(ii) properly fit the residents,

On review of a resident's clinical health records, the resident was fitted to utilize a continence care product. Further documentation revealed that on a specified date, the resident was found utilizing the incorrect continence care product.

**Sources:** CIR, the resident's clinical health records and interviews with staff.

## **WRITTEN NOTIFICATION: Responsive behaviours**

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

1. The Director was informed of an allegation of abuse involving two residents.

Documentation identified triggers and interventions in place to manage a resident's responsive behaviour. During interviews with staff, they confirmed multiple interventions were not implemented and other strategies could have been developed to mitigate the resident's expressions.

**Sources:** Internal investigation notes, CIR, policies, the resident's clinical health

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records, interviews with staff.

2. On a specified date, a resident entered a co-resident's room. The home did not provide the frequent, close monitoring required to ensure the safety of the resident, as indicated in their care plan.

**Sources:** Clinical records of the resident, Home's Incident Report, interviews with staff.

### WRITTEN NOTIFICATION: Responsive behaviours

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

A review of a resident's clinical health records revealed that an intervention was implemented. Staff failed to document the outcomes of the interventions.

**Sources:** Internal investigation notes, CIR, policies, the resident's clinical health records, and interviews with staff.

### WRITTEN NOTIFICATION: Reports re critical incidents

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 115 (1) 2.**

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

2. An unexpected or sudden death, including a death resulting from an accident or suicide.

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The home did not report the sudden and unexpected death of a resident to the Director.

**Sources:** Clinical records of the resident and an interview with staff.

### **WRITTEN NOTIFICATION: Administration of drugs**

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

During a review of a resident's clinical health records, the resident had been administered a medication. During an interview with staff, they confirmed the resident, did not meet the criteria for use of the medication.

**Sources:** CIR, the resident's clinical health records, and interviews with staff.

### **COMPLIANCE ORDER CO #001 Home to be safe, secure environment**

NC #017 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 5**

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

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

1. Develop and implement a process to ensure the safety of the residents accessing specific areas of the home.
2. Staff are to perform an audit for a specified time period to ensure the consistency of staff compliance with the process. The audit must be clearly documented, including the auditor's name and title, date, audit times, documents reviewed, observations made, staff performance during the audit, the resident's name, and the audit outcome.
3. Make necessary changes in the process based on the outcome of the audit, if

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applicable.

### Grounds

On a specified date, a resident accessed an area of the home unsupervised with another resident. The home assessed the resident as having difficulty with judgment and a need for supervision/restrictions. The home did not provide the necessary supervision and environmental safeguards, which directly contributed to the incident and the inability to obtain timely intervention. There is no process in place to ensure the required supervision and safeguards for residents accessing the areas of the home. There is no monitoring as per residents' plans. The absence of an appropriate process for accessing the areas significantly increased the risk of the resident's exposure to hazards, creating substantial risk to the resident's safety and well-being.

**Sources:** Clinical records of the resident, policies, interviews with a resident and staff.

**This order must be complied with by March 23, 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).



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

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