

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: September 4, 2025

Inspection Number: 2025-1083-0005

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): August 25 - 29, 2025, and September 2 - 4, 2025

The inspection occurred offsite on the following date(s): August 28, 2025

The following intake(s) were inspected:

- Intake related to improper/Incompetent treatment of Resident
- Intake related to falls with injury
- Intake related to resident to resident physical abuse
- Complaint related to call bell and medical device

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

Continence Care
Resident Care and Support Services
Infection Prevention and Control

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Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reassessment, revision

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

Non-compliance with: FLTCA, 2021, s. 6 (11) (b)

Plan of care

s. 6 (11) When a resident is reassessed and the plan of care reviewed and revised,
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

A resident returned from hospital with a medical device. The physician ordered a reassessment of the device in one month, with a plan for a trial void.

The resident reported pain. Upon assessment, the physician noted symptoms of infections and prescribed antibiotics. Progress notes indicated the resident was not responding to the antibiotic therapy, with continued symptoms of infections. The physician extended the antibiotic treatment for an additional ten days fifteen days after the initial prescription.

Despite ongoing documentation and assessments by the physician and registered staff indicating persistent symptoms, no alternative treatment approach was considered.

Sources: Resident clinical records, staff interview.

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WRITTEN NOTIFICATION: Falls prevention and management

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

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).

A resident experienced an unwitnessed fall with injury. At the time of the incident, previously documented fall prevention interventions had been discontinued, and no active intervention were in place.

Although the resident was assessed as high risk for falls upon admission and reassessed as medium risk in spring, there is no documentation in PointClickCare (PCC) indicating that any fall interventions were in place at the time of the incident.

Sources: Resident's clinical record, staff interviews.

WRITTEN NOTIFICATION: Falls prevention and management

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

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

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

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falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

A resident experienced an unwitnessed fall with injury. A post-fall assessment using a clinically appropriate tool was not completed or documented in Point Click Care (PCC).

Sources: Resident's clinical record, staff interviews.

WRITTEN NOTIFICATION: Continence care and bowel management

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

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

Continence care and bowel management

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

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

A resident was scheduled to be checked, washed, rinsed, and dried every two hours due to incontinence. However, twelve hours after their last toileting, the resident was found with heavily soiled sheets, saturated with urine and feces.

Sources: Resident's clinical record, staff interviews.

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

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