

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

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

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

Public Report

Report Issue Date: November 18, 2025

Inspection Number: 2025-1083-0007

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): November 12, 13, 14, 17, 18, 2025

The following intakes were inspected:

- An intake related to an improper care complaint.
- An intake related to a medication incident.
- An intake related to a fall and an allegation of improper care.

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

Medication Management
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS**WRITTEN NOTIFICATION: Integration of assessments, care**

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different

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aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

Staff did not collaborate when a resident was readmitted to the long-term care (LTC) home from the hospital. The resident was administered a treatment which was contraindicated and as a result, the resident returned to hospital.

Sources: Resident's clinical records, interview with Director of Care (DOC), LTC home's documents.

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).

The home's Falls Prevention and Management program directed the home to implement universal fall precautions as a proactive strategy to reduce the risk of falls for all residents, including, at minimum, residents were encouraged to wear nonslip proper footwear.

A resident had a witnessed fall and staff confirmed that resident was not wearing proper footwear at the time of the fall. The DOC and staff acknowledged that they expected to follow the universal fall precautions program and to encourage residents to wear proper non slip footwear.

Sources: Resident's clinical records, LTC home's policy, interviews with staff.



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