

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: February 10, 2026

Inspection Number: 2026-1083-0001

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): January 27 - 30, 2026 and February 2 - 6, 9, 10, 2026.

The following intake(s) were inspected:

- Complaint regarding residents' care plan not being followed.
- An intake related to resident to resident verbal and physical abuse.
- Complaint regarding allegations of neglect and improper care of a resident.
- Two intakes related to improper/incomplete care a resident.

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Safe and Secure Home
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Right to quality care and self-determination

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

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 16.

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:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

A personal support worker performed a procedure on a resident despite there being no documented instruction for this intervention in the care plan. The Assistant Director of Care indicated that it is the expectation that an authorized staff is required to perform the procedure. They indicated that it is the expectation that the physician or Nurse Practitioner should be notified if the procedure is required.

Sources: resident clinical record; home's policies and medical directives, interviews with resident and staff.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

Visible soiling was observed on the wall and base of the toilet in a resident's bathroom. The Environmental Services Manager (ESM) indicated that resident rooms are to be maintained in a clean condition.

Sources: Observation of resident's bathroom; home's policy regarding cleaning and disinfection, and interview with ESM.

WRITTEN NOTIFICATION: Air temperature

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

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

Temperatures in the home were recorded as being below 22 degrees Celsius on numerous occasions over six days in January.

Sources: review of home's temperature logs, observations of thermostats in resident home areas, interview with Environmental Services Manager (ESM).

WRITTEN NOTIFICATION: Personal items and personal aids

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

Non-compliance with: O. Reg. 246/22, s. 41 (1)

Personal items and personal aids

s. 41 (1) Every licensee of a long-term care home shall ensure that each resident of the home has their personal items, including personal aids such as dentures, glasses and hearing aids,

- (a) labelled within 48 hours of admission and of acquiring, in the case of new items;
- and
- (b) cleaned as required.

A resident has been without their dental appliance for over 2 months. Documentation indicated that staff assumed that it was lost. There was no indication that efforts have been made to have the dental appliance replaced.

Sources: Critical Incident Report (CIR), resident clinical record, interview with Personal Support Worker (PSW).

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (2) (c)

Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

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

(c) co-ordinated and implemented on an interdisciplinary basis.

An interdisciplinary care conference was not conducted even though multiple interrelated changes for a resident. A coordinated, interdisciplinary approach was required for managing these changes.

Sources: CIR, resident clinical record, interviews with PSW, Behavioural Services Ontario Registered Practical Nurse (BSO RPN), Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Weight changes

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

Non-compliance with: O. Reg. 246/22, s. 75 1.

Weight changes

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.

A resident experienced weight loss greater than 5 per cent of body weight over a one month period with no documented follow up by a Registered Dietitian specifically for weight loss.

Sources: CIR, resident clinical record, interview with BSO RPN.

WRITTEN NOTIFICATION: Administration of drugs

NC #007 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).

A medication was not administered when a resident exhibited aggression toward co-residents. The medication orders and care plan indicated that medication should be administered when the resident exhibited aggression toward co-residents.

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

Sources: CIR, resident clinical record, interviews with the BSO RPN and PSW.

On multiple occasions during a specific month a resident received medication for reasons other than for what the medication was prescribed.

Sources: CIR, resident clinical record, interview with BSO RPN.

COMPLIANCE ORDER CO #001 Plan of care

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

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

1. Provide education to an RPN related to completing a comprehensive resident assessment and timely identification of signs of clinical deterioration. 2. *Provide education to an RPN and a Registered Nurse related to comprehensive and timely documentation of assessments and any actions taken or interventions completed.*

3. Keep records of the education content, dates it was completed, and the educator who provided the education.

Grounds

The staff involved in the assessment and monitoring of a resident on a specific date did not collaborate to ensure their assessments were integrated and complemented each other.

A Critical Incident was reported to the Director from a complainant with concerns that administration of a medication was delayed following identification of a condition requiring medication. Concerns were also expressed regarding delayed assessment

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

and physician notification. An RPN indicated that a resident had vital sign readings outside of normal ranges upon their initial assessment. An RPN indicated administration of a medication was delayed as they were attending to other responsibilities in the resident home area. An RPN indicated that the medication was administered after direction from external personnel. A Registered Nurse indicated they did not complete their own assessment did not follow up to confirm the medical status of a resident.

The Director of Care indicated the home identified gaps in assessment and documentation skills.

Gaps in staff communication, delays in documentation and incomplete assessments impacted the staff's ability to collaborate with each other to ensure their assessments were integrated and complemented each other. The lack of collaboration contributed to delays in recognizing and responding to the resident's clinical deterioration.

Sources: resident clinical record; CIR, home's internal investigation notes, interviews with staff.

This order must be complied with by March 20, 2026

COMPLIANCE ORDER CO #002 Accommodation services

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

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

1. The Environmental Services Manager (ESM)/delegate shall ensure that the covers of baseboard heaters on a resident home area remain on the units at all times.
2. The ESM will audit the baseboard heaters daily for a period of two weeks to ensure that the covers remain on.

Grounds

The licensee did not ensure that equipment was maintained in a safe condition and in a good state of repair. Multiple observations were made of baseboard heaters in specific resident home area. The cover plates of two of the six units were noted to be off / partially dislodged, with the heater cores exposed. Nine days later, observations were made again and the covers continue to be off / partially dislodged. Exposed heater cores put residents at risk of injury.

Sources:

observations, interview with Environmental Services Manager.

An exposed drywall metal corner piece and missing drywall was observed in a resident room, the home did not maintain a portion of the wall in a safe condition and in a good state of repair.



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

Sources:

Observation of a resident's room, interview with Environmental Services Manager, and maintenance logs.

This order must be complied with by

March 20, 2026

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

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

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

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.



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