

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: April 17, 2026

Inspection Number: 2026-1083-0004

Inspection Type:

Complaint
Critical Incident
Follow up

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): April 8 - 17, 2026

The following intake(s) were inspected in in this Critical Incident (CI), Compliant, and follow up inspections:

- Follow-up #01- Compliance Order (CO) #002/2026-1083-0001, FLTCA, 2021 - s. 19 (2) (c), Accommodation Services, with a compliance due date (CDD) of March 20, 2026.
- Follow-up #01 - CO #001/2026-1083-0001, FLTCA, 2021 - s. 6 (4) (a), Integration of assessments, care, with a CDD of March 20, 2026.
- Three intakes related to improper care of residents.
- Two intakes related to alleged neglect of residents.
- Two complaints related to improper care of residents.
- Complaint related to resident's behaviour.

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2026-1083-0001 related to FLTCA, 2021, s. 19 (2) (c)
Order #001 from Inspection #2026-1083-0001 related to FLTCA, 2021, s. 6 (4) (a)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Involvement of resident, etc.

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A resident's substitute decision-maker (SDM) was not given an opportunity to participate fully in implementation of their plan of care.

Sources: Resident's clinical documentations, LTC's records, Interview with staff.

WRITTEN NOTIFICATION: When reassessment, revision is required

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;

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or

The licensee did not ensure the plan of care was reviewed and revised when a resident's care needs changed.

Sources: resident clinical records and interview with staff.

WRITTEN NOTIFICATION: 24-hour admission care plan

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

Non-compliance with: O. Reg. 246/22, s. 27 (2) 3.

24-hour admission care plan

s. 27 (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

3. The type and level of assistance required relating to activities of daily living.

A care plan was not developed for a resident within 24hours of admission.

Sources: Resident's clinical records, Resident bathing and showering policy: policy number: RFC-02-21; reviewed: August 2025, and interviews with staffs.

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A resident's activities of daily living was not completed as required during their first week of admission.

Sources: Resident's clinical records, Resident bathing and showering policy: Policy number: RFC-02-21; Revised: August 2025, and interview with staff.

WRITTEN NOTIFICATION: Responsive behaviours

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

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

Responsive behaviours

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

(a) the behavioural triggers for the resident are identified, where possible;

A resident's responsive behaviours and triggers were identified in the plan of care.

Sources: Resident's clinical records, Responsive Behaviours Policy, Southbridge Health Care LP, Policy No. RFC-09-04, reviewed August 2025 and interviews with staff.

WRITTEN NOTIFICATION: Altercations and other interactions between residents

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

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

The licensee did not ensure that the plan of care included identification and implementation of interventions to minimize the risk of altercations between residents.

Sources: Resident's clinical records, Responsive Behaviours Policy, Southbridge Health Care LP, Policy No. RFC-09-04, reviewed August 2025 and interviews with staff.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (4)

Housekeeping

s. 93 (4) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

The licensee did not ensure that adequate housekeeping supplies were readily

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accessible to housekeeping staff.

Sources: Observations, Housekeeping inventory management policy, and an interview with staff.

WRITTEN NOTIFICATION: Dealing with complaints

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

Although interventions related to verbal complaints were completed, there is no documentation of the resident's verbal complaints, the interventions implemented, or the outcomes of those interventions in the home's records.

Sources: Interviews with staff, Resident's Clinical documentation, complaint received from the family.

WRITTEN NOTIFICATION: Administration of drugs

NC #009 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 Resident's medications was not administered as directed by the doctor.

Sources: Interviews with staff, resident's clinical documentations.

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COMPLIANCE ORDER CO #001 Housekeeping

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (d)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (d) addressing incidents of lingering offensive odours.

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

1. Conduct an assessment to identify the source of the lingering offensive odours on the first floor of the LTCH, including the resident home areas and the entryway.
2. Maintain a documented record of this assessment including the date(s) completed, details of the assessment, and the person(s) conducting the assessment.
3. Based on assessment in part 1, develop and implement a resolution for the lingering offensive odours.

Grounds

The licensee did not ensure that the long-term care home was kept clean and sanitary as to minimize offensive odours. During the inspection, a strong and persistent urine-like odour was present throughout the home, including resident home areas and the entryway. The Ministry also received a complaint from a family member regarding the ongoing urine odour.

Sources: Observations and interviews with the staff.

This order must be complied with by June 29, 2026

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

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Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention
and control. O. Reg. 246/22, s. 102 (2).

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

1) Provide training to two staffs on the Infection Prevention and Control (IPAC) Standard
for Long-Term Care Homes (rev. Sept. 2023) routine practices, specifically:

-related to the correct use of personal protective equipment (PPE) for contact
precautions, specifically for antimicrobial-resistant organisms (AROs), and the
importance of adhering to PPE requirements, including the associated risks and
implications to staff and others when these measures are not followed.

2) Document and maintain a written record of the training provided, including the date(s)
it was held, an overview of the topics covered, method of delivery, the name and
credentials of the staff member who provided the training, the name and credentials of
the staff member receiving the training, and the recipient staff's signature that they
understood the training provided.

3) Perform random audits on the staffs to observe them using PPE. A minimum of five
(5) audits should be conducted during their work shifts between the receipt of this order
and the compliance due date.

4) Maintain a record of the audits completed, including date, shift time, person
completing audit, observations made, and content of on-the-spot education provided
and/or other corrective actions taken where required.

Grounds

1: A registered staff was observed administering a medication without wearing the
appropriate PPE. The IPAC policy indicated staffs are required to wear PPE while
providing direct care.

Source: Observation, Resident's clinical records, Southbridge IPAC Program: Contact
Precautions, Policy number: 2.2; Revised: March 2026, interviews with staff.

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2: A resident's care plan indicated that staff are required to wear personal protective equipment (PPE) while providing direct care. A staff was observed providing direct care to the resident without wearing the required PPE.

Sources: Resident's Care Plan, Interviews with staff, observations, Southbridge IPAC Program: Contact Precautions, Policy number: 2.2; Revised: March 2026.

This order must be complied with by May 29, 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, 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

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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, 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.



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

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