

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Public Report**

**Report Issue Date:** September 22, 2025

**Inspection Number:** 2025-1067-0006

**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:** Garden City Manor, St Catharines

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): September 11-12, 15-19, and 22, 2025.

The following intake(s) were inspected:

- Intake: #00150461 - Critical Incident (CI) 2364-000029-25 - Prevention of abuse and neglect.
- Intake: #00151884 - CI 2364-000033-25 - Falls prevention and management.
- Intake: #00154886 - CI 2364-000036-25 - Falls prevention and management
- Intake: #00156798 - Complainant regarding resident plan of care, prevention of abuse and neglect, housekeeping and maintenance services.

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services

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Prevention of Abuse and Neglect  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (1) (a)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

The licensee has failed to ensure that there was a written plan of care for a resident that set out the planned intervention for their responsive behaviour. On specified dates in September 2025, an intervention was observed in the resident's room, and as identified by staff, the purpose of this intervention was due to the resident's responsive behaviour. Registered Staff and an Associate Director of Care (ADOC) acknowledged that the written plan of care for the resident should have identified this intervention.

During the inspection, the written plan of care for the resident was updated as

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required.

**Sources:** observations of resident room; interviews with Direct Care Staff, Registered Staff, ADOC; resident's progress notes and written plan of care.

Date Remedy Implemented: September 18, 2025.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provide direct care to the resident. During the inspection, a resident was noted to have a fall prevention intervention in place and this was not listed as a current intervention in their plan of care. The resident's plan of care was updated during the inspection to include the intervention.

**Sources:** Resident's care plan, and task list; interview with Physiotherapist.

Date Remedy Implemented: September 16, 2025.

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 96 (1) (a)**

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

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(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

The licensee has failed to ensure that the maintenance program ensured the interior of the building was maintained in good repair when two metal doorframes in a resident washroom had rusted out holes to the bottom left corners, and had exposed concrete and debris.

Environmental Services Manager (ESM) observed and confirmed the damaged areas were because of years of wear and that the metal doorframes, while not in good repair, did not pose any structural integrity risk. The ESM acknowledged that the organized program in place failed to have the areas of concern identified sooner on daily housekeeper inspections and during annual preventative maintenance inspections.

During the time of inspection, the damaged doorframes were repaired by the ESM.

**Sources:** Observations, interview with ESM, the home's preventative maintenance schedule.

Date Remedy Implemented: September 19, 2025.

**WRITTEN NOTIFICATION: Residents' Bill of Rights**

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights

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of residents are fully respected and promoted:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that a resident's right to have their personal health information kept confidential was upheld when there was information regarding the resident's medication and fall prevention interventions posted on the door to their room.

**Sources:** Observations, resident's plan of care, the home's Security of Personal and Personal Health Information, last revised July 2025.

## **WRITTEN NOTIFICATION: Plan of care**

NC #005 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; or

The licensee has failed to ensure that a resident's plan of care was revised when the resident's care needs changed after they had a procedure on a specified date in June 2025. The resident returned from their procedure with specific care instructions. The resident's care plan was not updated until six (6) days later to

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indicate the resident had a change in condition, and did not specify the specific care instructions.

**Sources:** Resident's care plan, and progress notes; Interview with ADOC.

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: O. Reg. 246/22, s. 29 (3) 12.**

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

12. Dental and oral status, including oral hygiene.

The licensee has failed to ensure that a resident's plan of care related to specific areas of health was based on an assessment. On a specified date in June 2025, the resident had a procedure completed and returned to the home the same day. There was no specified assessment completed on the resident until six (6) days later.

**Sources:** Resident's plan of care and assessments; the home's policy Oral Assessment and Care, last reviewed August 2025; Interview with ADOC.

### WRITTEN NOTIFICATION: Skin and wound care

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

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

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

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injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A) The licensee has failed to ensure that a resident who had altered skin integrity had their wound reassessed weekly. A resident had an initial skin and wound assessment on the day a wound was noted and did not have weekly assessments completed thereafter.

**Sources:** Resident's skin and wound assessments and Treatment Administration Record/Medication Administration Record (TAR/MAR); interview with Registered Staff.

B) The licensee has failed to ensure that a resident who had altered skin integrity had their wound reassessed weekly. A resident had an initial skin and wound assessment the day a wound was noted and a weekly assessment was missed for a specified date in August 2025.

**Sources:** Resident's skin and wound assessments and TAR/MAR; interview with Registered Staff.

## **WRITTEN NOTIFICATION: Pain management**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (2)**

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

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The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, they were reassessed using a clinically appropriate assessment instrument specifically designed for this purpose. A resident had a procedure completed on a specified date in June 2025 and utilized their as needed (PRN) medication several times over the following two weeks. The resident's pain was not assessed upon return from their procedure nor after using their PRN medication consecutively for three (3) days as per the home's policy.

**Sources:** Resident's pain assessments, the home's pain management policy/procedure last revised August 26, 2025, interview with ADOC.

## **WRITTEN NOTIFICATION: Nutritional care and hydration programs**

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that a resident was referred to a Dietitian. Specifically, the home's policies and procedures were not implemented when they indicated that a referral to the Dietitian should have been completed when the resident had a significant change on a specified date in June 2025. The resident was not referred to the Dietitian until six (6) days later.

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**Sources:** Resident's dietary referrals, progress notes, and food intake record; the home's policies: Monitoring Food and Fluid Intake, last reviewed August 2025, and Wound Management, last reviewed August 2025; interview with ADOC.

## **WRITTEN NOTIFICATION: Medication management system**

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

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that the medication management system policies and procedures were implemented when two medication orders for a resident were not processed on the day they were received. The orders were not processed until seven (7) days later.

**Sources:** Resident's medication administration record, New Medication Orders policy last reviewed July 31, 2025.