

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: November 12, 2025

Inspection Number: 2025-1067-0007

Inspection Type:
Proactive Compliance Inspection

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): November 6-7, 10, and 12, 2025.

The following intake(s) were inspected:
-Intake: #00161827 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control

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: O. Reg. 246/22, s. 79 (1) 1.

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Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

On a date during the inspection, Inspector observed that week one of the home's menu cycle was posted in the first floor lobby. Staff indicated that the home is currently following week two of the menu cycle. Later in the day, Inspector noted that the correct menu was posted.

Sources: Observations of posted menu, interview with staff.

Date Remedy Implemented: November 6, 2025

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A) Resident A had a care task to be turned and repositioned every two hours. This care task was not documented for several shifts during one month in 2025.

Sources: Resident A's care tasks and documentation, interview with Wound Care Champion.

B) Resident B had a care task to be turned and repositioned every two hours. This care task was not documented on one occasion during a month in 2025, between specified hours.

Sources: Resident B's care tasks and documentation, interview with Wound Care Champion.

WRITTEN NOTIFICATION: Skin and wound care

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NC #003 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 injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident had a wound that required weekly re-assessment. The weekly re-assessments were not completed for four separate weeks in 2025.

Sources: Resident's skin & wound assessments, the home's Wound Management policy; interviews with Registered Staff, Interim Director of Care (DOC) and Wound Care Champion.

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (e)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(e) menu substitutions that have similar nutritional value;

On a date in October 2025, the planned evening snack menu indicated that banana loaf was to be served. The kitchen did not have banana loaf and substituted this item for sugar-free cookies instead, which have a significantly different nutritional profile.

On a date in November 2025, the planned breakfast menu included poached eggs. This menu item was removed and was not substituted with anything else.

Sources: The home's menu substitutions log.

WRITTEN NOTIFICATION: Food service workers, minimums

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

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Non-compliance with: O. Reg. 246/22, s. 83 (2)

Food service workers, minimums

s. 83 (2) For the purposes of subsection (1), but subject to subsection (3), the minimum staffing hours shall be calculated as follows:

$$M = A \times 7 \times 0.45$$

where,

“M” is the minimum number of staffing hours per week, and

“A” is, at the option of the licensee, either,

(a) the licensed bed capacity of the home for the week, excluding beds not available for occupancy pursuant to a Minister’s directive, Ministry policy or otherwise at law, or

(b) the number of residents residing in the home for the week, including absent residents. O. Reg. 246/22, s. 83 (2); O. Reg. 66/23, s. 19.

Based on the licensed bed capacity of the home for the week, excluding beds not available for occupancy, the minimum food service worker staffing hours were calculated to be 605 hours per week. During the inspection, it was noted that the current food service worker schedule only provided for 581 hours per week.

Sources: Dietary staffing schedule and interviews with Food Service Supervisor, Nutrition Manager and Interim Administrator.