Ontario

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

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: March 4, 2026

Inspection Number: 2026-1067-0002

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 dates: February 18-20, 23, 25- 27, 2026, and March 2-4, 2026.

The following complaint intake was inspected:
- Intake #00168409- related to complaint concerns regarding maintenance services, safe and secure home, resident care and services, and availability of supplies.

The following Critical Incident (CI) intakes were inspected:
- Intake #00167393/CI 2364-000004-26 related to prevention of abuse and neglect
- Intake #00167709/CI 2364-000006-26 related to prevention of abuse and neglect
- Intake #00168098/CI 2364-000009-26 related to skin and wound care
- Intake #00168956/CI 2364-000012-26 related to prevention of abuse and neglect
- Intake #00169414/CI 2364-000015-26 related to prevention of abuse and neglect
- Intake #00169914/CI 2364-000016-26 related to prevention of abuse and neglect
- Intake #00170056/CI 2364-000017-26 related to prevention of abuse and neglect
- Intake #00170225/CI 2364-000018-26 related to prevention of abuse and neglect

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

Resident Care and Support Services
Continence Care
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air temperature

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

On an identified date in January 2026, there were multiple areas of the home during all shifts with temperatures documented as below 22 degrees Celsius. Staff acknowledged temperatures were lower than the minimum requirement and maintenance requests were made due to resident complaints of temperature.

Sources: Temperature log for January 2026; maintenance requests; Interview with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A resident had a wound identified on a specified date when a picture was taken of a pressure area. There was no skin assessment completed to this area until a later date.

Sources: Resident clinical records, home's policy titled "Wound Management", last revised August, 2025, interview with Clinical Consultant.

WRITTEN NOTIFICATION: Maintenance services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (2) (g)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

On identified dates in January and February 2026, multiple spa room shower temperatures were above 49 degrees Celsius and required alternative bathing to be offered to residents. The water temperature control varied due to repairs required for the temperature regulating device.

Sources: Interviews with staff; Water Temperature logs for unit spa rooms January and February 2026; maintenance request logs; the home's operational plan.

COMPLIANCE ORDER CO #001 Duty to Protect

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
(1) Complete an analysis and identify any gaps and areas for improvement for two identified Critical Incident Reports.
(2) Update the home's policies, procedures and processes based on the identified gaps and areas for improvement.

(3) Maintain a written record of the analysis, identified gaps, areas for improvement, and any updates made to the policies, procedures and processes.
(4) Educate all PSW's and registered nursing staff on the changes to the policies and procedures.
(5) Maintain a written record of the education provided, the names and role of the staff who completed the training, the date and time when the training was completed, and who provided the training.

Grounds

In accordance with O. Reg 246/222, s. 2. (1) defines “physical abuse” as the use of physical force by a resident that causes physical injury to another resident.

(a) On an specified date, resident #001 grabbed resident #002 which caused an injury.

Sources: Interview with ADOC, resident #001 and #002's clinical records, critical incident report.

(b) On a date in February 2026, resident #004 came into resident #003's room and after an altercation caused injury to resident #003.

Resident #003's safety and well-being were impacted when they were not protected from physical abuse by resident #004.

Sources: Interview with ADOC, resident #003 and #004's clinical records, Critical incident report.

(c) In a common area, resident #006 grabbed resident #005 during an altercation, which resulted in a skin breakdown.

Sources: Resident progress notes and assessments, Critical Incident Report, interviews with staff.

(d) On a date in February 2026, resident #013 was found to be in an altercation with resident #012, which led to sustained injuries to resident #012.

Resident #012's safety and well-being were impacted when they were not protected

from physical abuse by resident #013.

Sources: Interview with ADOC, resident clinical records, critical incident report.

This order must be complied with by May 22, 2026

COMPLIANCE ORDER CO #002 Skin and wound care

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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;

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

(1) Educate all Registered Staff on the skin and wound care program.
(2) Maintain a record of the training including the date of the training, name and role of staff trained, and who provided the training. A record of the training material is to be kept and made available to the Inspector upon request.
(3) Complete weekly wound assessment audits for four weeks for resident #014. The audits should include the name of the auditor, dates of the audit, wound being audited, whether gaps were identified and what follow up action was taken if needed.

Grounds

(a) Resident #014 had a wound that required weekly reassessment. The weekly reassessments were not completed between an identified timeframe. Resident #014 experienced a deterioration in their wound status during this time period.

Resident #014 experienced wound deterioration when their identified skin breakdown was not initially assessed nor weekly thereafter. This put the resident at risk for further

worsening of the wound or infection.

Sources: Resident #014's clinical records, home's policy titled "Wound Management", last revised August, 2025, interview with clinical consultant.

(b) Resident #005 sustained a skin breakdown that was assessed by registered staff using the clinically appropriate assessment tool. The weekly reassessment of the identified skin breakdown was not completed as required during an identified time period.

Sources: Resident #005 progress notes and skin assessments; interview with RPN and Clinical Consultant.

This order must be complied with by May 22, 2026

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

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.