

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: December 9, 2025

Inspection Number: 2025-1169-0006

Inspection Type:
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: Westside, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 2-5, 8 and 9, 2025

The inspection occurred offsite on the following date(s): December 4, 5, and 8, 2025

The following intakes were inspected in this Critical Incident (CI) Inspection:

-Intake: #00160860 - [CI: #2663-000031-25] - related to staff to resident physical abuse

-Intake: #00160973 - [CI: #2663-000033-25] - related to a resident fall which led to an injury

-Intake: #00161800 - [CI: #2663-000035-25] - related to alleged resident neglect

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

Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of Care

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

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

A resident's care plan contained unclear directions regarding implemented falls interventions. Two interventions were added to the resident's care plan that indicated conflicting requirements.

Sources: Resident's room observation, care plan, and interviews with a Personal Support Worker (PSW) and Assistant Director of Care (ADOC).

COMPLIANCE ORDER CO #001 Required programs

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

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

The licensee shall:

1) Ensure that a PSW receives re-training including what actions to take when responding to a resident experiencing a fall and when a resident exhibits a change in health condition.

2) A record must be kept of the training including the staff member completing the training, the person providing the training, the contents of the training, and the dates of the training.

Grounds

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According to the home's falls prevention policy, if a resident is found on the floor the staff member encourages the resident to remain in their current position until a registered staff person has assessed the resident. Furthermore, the policy indicated to assist the resident off the floor, if safe to do so, using a minimum of two staff and a Hoyer lift or other appropriate resident lift equipment as required.

A resident experienced an unwitnessed fall and reported it to a PSW. The PSW did not report the resident's condition and the fall incident to registered nursing staff; and transferred the resident to bed. In the morning, the resident reported their change in condition, which required medical intervention.

During an interview, the PSW confirmed that the resident had a change in health condition and failed to report it to the registered staff.

The ADOC confirmed that the PSW should have followed the home's falls prevention and management policy that indicated to report the incident to registered nursing staff.

The PSW's actions increased the resident's risk of sustaining further injury and contributed to a delay in identifying injuries.

Sources: Home's falls prevention and management program, critical incident report, resident's progress notes, home's investigation record, and interviews with the resident, PSW, and ADOC.

This order must be complied with by January 9, 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
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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.