

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: February 27, 2026

Inspection Number: 2026-1169-0002

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: Westside, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 12-13, 17-20, 23-27, 2026.

The inspection occurred offsite on the following date(s): February 26, 2026

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

-Intake: #00168340/ CI #2663-000003-26, and Intake: #00169413/ CI #2663-000006-26 - related to fall with injury

-Intake: #00168339/ CI #2663-000002-26 -related to allegations of neglect

-Intake: #00168933/ CI #2663-000004-26 - related to allegations of improper care

The following intakes were inspected in this complaint inspection:

-Intake: #00167824/ CI #2026-0007655 and Intake: #00170847 - related to resident care and services

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

- Resident Care and Support Services
- Medication Management
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 16.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

A resident did not receive care consistent with their assessed needs during a shower on a specified date.

The resident expressed feeling rushed during a task. A Personal Support Worker (PSW) confirmed the resident was not finished with their task.

Sources: Interviews with a PSW and resident.

WRITTEN NOTIFICATION: Plan Of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

On a specified date, a resident informed a Registered Practical Nurse (RPN) that they were in pain. The doctor ordered diagnostic tests, however the tests were not completed as indicated in resident's plan of care.

Sources: Resident's clinical records; and interview with the Director Of Care (DOC).

WRITTEN NOTIFICATION: Plan Of Care

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

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Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

A) On a specified date, a resident's assistive device was not in working order. According to a Registered Nurse (RN), they attempted to fix the device, however the resident refused, and the attempt was not documented.

Sources: Resident's clinical records; and interview with the RN.

B) On a specified date, staff identified that a resident's assistive device was not in working order. A PSW incorrectly documented the findings of the device.

Sources: Resident's clinical records; and interview with a PSW.

WRITTEN NOTIFICATION: Complaints Procedure

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (a)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,
(a) ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints;

A complaint was submitted to the home on a specified date but was not resolved within 24 hours, nor was it documented in the home's tracking log as required by policy.

Sources: Interviews with staff, the complaint response letter, the Long Term Care Home's (LTCH) complaint policy.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has

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occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

On a specified date, a resident informed a Registered Practical Nurse (RPN) that they were exhibiting pain. The RPN reported this incident to the manager on call, however, the incident was not reported to the Director.

Sources: Residents clinical records; and interview with the DOC.

WRITTEN NOTIFICATION: Communication and Response System

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

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The communication response system was not easily accessed by a resident at all times.

An observation revealed a resident's call bell was out of reach while the resident was in bed.

Sources: Resident's clinical records, observations, and interview with a PSW.

WRITTEN NOTIFICATION: Compliance with Manufacturer's Instructions

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

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The home's shower chair was not used in accordance with the manufacturer's instructions on a specified date during a resident's shower.

Interviews with the resident and staff confirmed a safety feature was not applied during a resident's shower on a specified date as per the manufacturer's instructions. This resulted in a negative health outcome.

Sources: Review of shower chair user manual, interviews with the staff and resident.

WRITTEN NOTIFICATION: General Requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The home's policy directed staff to notify the physician/nurse practitioner immediately if the resident's medical value exceeded a specific threshold.

On multiple days, the resident exceeded the specified threshold; however, the physician/nurse practitioner was not immediately contacted.

Sources: Review of home's policy, resident's clinical records, and interviews.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

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

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Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Safe transferring and positioning techniques were not used when assisting a resident on a specific date.

A RPN moved the resident before conducting an assessment. The resident verbalized they were in pain and discomfort, gesturing they did not want to be moved.

Sources: Interviews with the staff and resident, and the home's investigation notes.

WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

A resident was at risk for falls. Their care plan indicated for their bed to be in the lowest position when occupied. An observation of the resident in bed revealed that their bed was not kept in the lowest position.

Sources: Resident's clinical records, observations, and interview with the PSW

WRITTEN NOTIFICATION: Dealing with Complaints

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

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1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

A written complaint was made to the home related to allegations of harm of a resident. Staff acknowledged that a written response was not provided within 10 business days to the complainant.

Sources: Interviews with the staff, complaint letter, and the home's policy.