

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: January 19, 2026

Inspection Number: 2026-1150-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: CVH (No. 6) 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: The Palace, Alexandria

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6, 7, 8, 9, 12, 13, 14, 15, 16, 2026

The inspection occurred offsite on the following date(s): January 15, 2026

The following intake(s) were inspected:

- Intake: #00166792 - PCI

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

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 was served a specified beverage on two occasions during meal service in January 2026. The resident's plan of care directed staff to provide a therapeutic beverage at all meals and snacks. The Kardex used to ensure that direct care staff assisting residents, were aware of the residents' diets, special needs and preferences did not sets clear directions. The Kardex showed that the resident only required the therapeutic beverage at morning snack, breakfast, and afternoon snack.

Sources: meal service observations on a specific floor. Review of resident's plan of care, specific floor dining room's Kardex. Interviews with the resident and staff members.

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WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

A resident was admitted in 2015 with a specific health condition. The resident indicated that they were drinking a specific therapeutic beverage. The resident's plan of care was not based on an assessment of the resident and on the needs and preferences of the resident when the specific therapeutic beverage was removed from the resident's diet in January 2026.

Sources: Resident's progress notes, the daily Registered Dietician (RD) report, the specific floor meal service, snack service, and people roster beverage report. Interviews with the resident and staff members.

WRITTEN NOTIFICATION: Plan of care

NC #003 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.

A resident's specified health condition required a specific therapeutic diet. In January 2026, during a meal service, the resident was not served the therapeutic diet as specified in the plan.

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Sources: A meal service observation on a specific floor. Review of the resident's plan of care, floor menu choice sheet, Beef Stroganoff recipe, French Canadian pea soup recipe. Interviews with staff members.

WRITTEN NOTIFICATION: Plan of care

NC #004 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

On two occasions in January 2026, a resident was seated in the dining room without personal aids. The resident's current plan of care indicated that the resident wears personal aids at all times. A staff member indicated that the resident's personal aids were no longer necessary as they were broken and not replaced.

Sources: observation of the resident on January 14 and 16, 2026. Review of the resident's plan of care. Interview with a staff member.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be

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documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The Home's temperature log was not consistently recorded on every shift for a period of two months in 2025.

Sources: Home's Temperature logs, interview with staff member

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (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.
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who

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participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

In accordance with O. Reg 246/22, s. 11 (1) (b), and in reference to O. Reg. 246/22, s. 78 (2) (c), the licensee is required that organized food production system has standardized recipes that were complied with.

During dining observations on four different days in January 2026, staff members did not consistently follow the home's procedure for preparing a specified therapeutic beverage for residents requiring an identified therapeutic diet using the SimplyThick Bottle & Pump system.

Sources: Dining room's observation. multiple residents' plan of care, SimplyThick mixing chart, the home's charting fluid. Interviews with staff members.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (8)

Menu planning

s. 77 (8) The licensee shall ensure that food and beverages, including water, that are appropriate for the residents' diets are accessible to staff and available to residents on a 24-hour basis. O. Reg. 246/22, s. 390 (1).

A resident's plan of care indicated that the resident required specific food items related to an identified health condition. During a meal service the specific food item was not available and regular product was served to the resident. The Food Service Manager (FSM) indicated that the identified food item was not consistently available to purchase and may take weeks before the provider makes the food item available.

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Sources: Observation of lunch service on a specific floor dining room. Resident's plan of care. Interviews with the resident and staff members.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A- In accordance with Additional Requirement 9.1 (b) under the Infection Prevention and Control (IPAC) Standard for Long-Term care Homes (April 2022, revised September 2023), the hand hygiene program, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact) was not implemented.

During a meal service in January 2026, a staff member was observed being in contact with multiple residents and their environment. They did not perform hand hygiene after being in contact with each residents or the resident's environment as per the four moment of hand hygiene.

B- In accordance with Additional Precaution Requirement 9.1 (f) under the IPAC Standard for Long-Term care Homes (April 2022, revised September 2023), proper use of PPE, including appropriate selection, application, removal, and disposal

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Residents were placed on additional contact precautions for infectious disease. Staff members were observed providing an identified care to the residents without wearing appropriate Personal Protective Equipment (PPE) as per requirements on the signage.

Sources: a meal service observation, observation of the provision of continence care. Residents' clinical record, additional precaution sign. Interviews with staff members.