Ontario

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

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

Ottawa District
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Public Report

Report Issue Date: March 18, 2026
Inspection Number: 2026-1150-0003
Inspection Type: Critical Incident
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): March 10, 11, 12, 13, 16, 17, 18, 2026

The following intake(s) were inspected:

- Intake: 00155370 - CI: 2642-000026-25 – related to Infection Prevention and Control (IPAC)
- Intake: 00168932 – CI: 2642-00001-26 – allegation of emotional abuse of a resident by staff.
- Intake: 00164292 – CI: 2642- 000035-26 – related to resident unknown skin injuries

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

Continence Care
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The allegation of emotional abuse involving a staff member toward a resident was reported to registered staff on a specific date but was not communicated to the Director until two days later.

Sources: resident's clinical care records, licensee investigation report and interview with staff.

WRITTEN NOTIFICATION: Communication and response system

NC #002 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 licensee's communication and response system was not readily accessible to

resident at all times.

An interview with staff confirmed that on the specified date, the resident's communication and response system was positioned out of reach, preventing the resident from using it to request assistance with incontinence care.

Sources: resident's clinical care records, licensee investigation reports and interview with staff members.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

On the specified date, the resident experienced bowel and bladder incontinence but did not receive the required assistance with continence care, as their communication system had been positioned out of reach.

Interviews with staff indicated that the necessary continence care was not provided because the communication and response system was positioned beyond the residents' reach.

Sources: Resident's clinical care records, licensee investigation report, and interview with staff members.