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

Toronto District
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Public Report

Report Issue Date: January 30, 2026
Inspection Number: 2026-1160-0001
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: Kennedy Lodge, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 26-30, 2026

The following Critical Incident System (CIS) intakes were inspected:

- Intake: #00165783/ CIS #2654-000033-25 and intake: #0166817/ CIS #2654-000001-26 – related to Infection and Prevention Control (IPAC).
- Intake: #00167889/CIS #2654-000005-26 – related to resident care and services.

The following Complaint intake was inspected:

- Intake: #00167156 – a complaint related to admission, absences and discharge.

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

Resident Care and Support Services
Infection Prevention and Control
Admission, Absences and Discharge

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee

prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
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;

A resident's plan of care was not revised when their care needs changed related to a specific intervention. Staff were aware of the resident's care needs, and no risk was identified. The plan of care was updated on a specified date.

Sources: Resident clinical records, interviews with the Physiotherapist and Director of Care.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

Two residents were on additional precautions due to respiratory related illness. The resident's signs and symptoms were not recorded on one shift.

Sources: Resident's clinical record, outbreak documents, and interview with IPAC Lead.

WRITTEN NOTIFICATION: Authorization for admission to a home

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

Non-compliance with: FLTCA, 2021, s. 51 (9) (b)
Authorization for admission to a home
s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,
(b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;

An applicant was not given written notice setting out a detailed explanation of the supporting facts, as they related to both the home and to the applicant's condition and requirements for care, when the home withheld approval for their admission.

Sources: Refusal letter and interview with the Associate Director of Care.