

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: April 17, 2026

Inspection Number: 2026-1592-0003

Inspection Type:
Proactive Compliance Inspection

Licensee: The Corporation of the City of Kawartha Lakes

Long Term Care Home and City: Victoria Manor Home for the Aged, Lindsay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 1, 2, 7-10, 13-17, 2026

The following intake(s) were inspected:

- Intake - Proactive Compliance Inspection

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

- Food, Nutrition and Hydration
- Medication Management
- Safe and Secure Home
- Quality Improvement
- Pain Management
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Residents' and Family Councils
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Residents' Rights and Choices

INSPECTION RESULTS

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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;
or

Specifically, a resident's plan of care identified that the resident had a specified responsive behaviour that would put them at risk of harm. The Associate Director of Care (ADOC) confirmed the plan of care should have been updated for the specified responsive behaviour when the resident's condition had changed.

Sources: resident's clinical health record and interview with ADOC.

Date Remedy Implemented: April 16, 2026

WRITTEN NOTIFICATION: Plan of care

NC #002 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

Specifically, the plan of care for a resident contained inconsistent directions related to a resident care area.

Sources: Resident's clinical records, Inspector's observation, and interviews with staff.

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WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee did not keep multiple home areas in a safe condition and in a good state of repair, placing residents at risk.

Source: Observations and interview with Manager of Building Services.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

The licensee did not ensure multiple areas in the home were free of visible dirt, soil, and stains.

Source: Observations and interview with Manager of Building Services.

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 4.

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Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

4. Every designated lead of the home.

The licensee did not include all designated leads for the home on the Continuous Quality Improvement Initiative (CQI) Committee and was not invited to the Committee Meeting on October 28, 2025, as required. Specifically, the designated leads for the training and orientation program, the volunteer program, and the housekeeping, laundry, and maintenance programs were not invited.

Source: Email communication with the home, and interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee did not include the home's pharmacy service provider on the Continuous Quality Improvement Initiative (CQI) Committee and was not invited to the Committee Meeting on October 28, 2025, as required.

Source: Email communication with the home, and interview with DOC.

WRITTEN NOTIFICATION: Continuous quality improvement committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

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Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee did not include an employee hired as a Personal Support Worker (PSW) who meets the required qualifications for a Personal Support Worker on the Continuous Quality Improvement Initiative (CQI) Committee, and did not invite them to the Committee Meeting on October 28, 2025, as required.

Source: Email communication with the home, and interview with DOC.



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

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