

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 23, 2021	2021_548756_0016	009899-21, 010298- 21, 010834-21	Complaint

---

**Licensee/Titulaire de permis**Carlingview Manor Operating Inc.  
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4**Long-Term Care Home/Foyer de soins de longue durée**Carlingview Manor  
2330 Carling Avenue Ottawa ON K2B 7H1**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LISA CUMMINGS (756)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 15, 16, 19, 20, 2021**

**The following intakes were completed during this Complaint inspection:**

- Logs #010298-21 (Critical Incident System #2420-000018-21) and #009899-21, a complaint, in regards to an allegation of resident abuse**
- Log #010834-21, a complaint in regards to the administration of medication, the provision of bathing and restorative care services.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, an Assistant Director of Care, the Infection Prevention and Control Lead, a Physiotherapist, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, a Rehabilitation Assistant, a Housekeeper, and residents.**

**A record review was also completed of resident healthcare records including skin assessments, medication administration records and physiotherapy quarterly assessments, internal investigation documents, and air temperature monitoring records. Observations were completed of the entrance to the home, resident home areas, and of the provision of resident care and services.**

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

**Infection Prevention and Control**

**Medication**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**Skin and Wound Care**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification  
 VPC – Voluntary Plan of Correction  
 DR – Director Referral  
 CO – Compliance Order  
 WAO – Work and Activity Order

**Légende**

WN – Avis écrit  
 VPC – Plan de redressement volontaire  
 DR – Aiguillage au directeur  
 CO – Ordre de conformité  
 WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**Issued on this 23rd day of July, 2021**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**