

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

## Original Public Report

Report Issue Date: October 24, 2024

Inspection Number: 2024-1070-0008

Inspection Type:  
Critical Incident

Licensee: Carlingview Manor Operating Inc.

Long Term Care Home and City: Carlingview Manor, Ottawa

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 21-24, 2024.

The following intakes were completed in this Critical Incident (CI) inspection:

- Intake: #00129087 / CI #2420-000065-24 - Unplanned evacuation of residents
- Intake: #00129402 / CI #2420-000066-24 - Resident to resident physical abuse

The following Inspection Protocols were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Safe and Secure Home
- Skin and Wound Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Skin and wound care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (1) 2.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.

The licensee has failed to ensure that their skin and wound care program was complied with.

In accordance with Ontario Regulation 246/22 s. 11 (1) (b), the licensee is required to ensure the home's skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, as well as provide effective skin and wound care interventions, was complied with.

Specifically, the home did not comply with the policy Skin and Wound Re-Evaluation CARE12-010.07 which indicates that wounds are to be assessed, monitored and documented weekly. In October 2024, a resident acquired a skin tear. After the initial skin and wound assessment, the resident's wound was not assessed again until ten days later.

Sources: The resident's health care records, Policy - Skin and Wound Re-Evaluation CARE12-010.07, interviews with an RPN and the Assistant Executive Director.

## WRITTEN NOTIFICATION: Construction, renovation, etc., of

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## homes

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

Non-compliance with: O. Reg. 246/22, s. 356 (3) 2.

Construction, renovation, etc., of homes

s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:

2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

The licensee has failed to first receive the approval of the Director prior to commencing work on the home that may significantly disturb or significantly inconvenience residents.

Specifically, there were three residents that were moved to another room as a result of a water leak that damaged the walls and floor of the room requiring repair and cleaning lasting over two weeks.

The home is required to submit a plan for review by the Director prior to commencing work, and at the time of the inspection, a plan had not been submitted.

Sources: Review of the Critical Incident Report, observations to resident rooms and interview with the Assistant Executive Director.