



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ottawa Service Area Office
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Ottawa ON K1S 3J4

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
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Date(s) of inspection/Date de l'inspection August 26, 2010	Inspection No/ d'inspection 2010_148_2420_24Aug151413	Type of Inspection/Genre d'inspection Other (Critical Incident) Log # O-000901
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Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court 8th Floor Mississauga Ontario L5R 4B2
Phone 289-360-1200 Fax 289-360-1201

Long-Term Care Home/Foyer de soins de longue durée
Carlingview Manor, 2330 Carling Avenue Ottawa Ontario K2B 7H1
Phone 613-820-9328 Fax 613-820-9774

Name of Inspector(s)/Nom de l'inspecteur(s)
Amanda Nixon (ID#148)
Kathleen Smid (ID#161)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to an incident of abuse.

During the course of the inspection, the inspectors spoke with members of the management team including the Executive Director, Regional Manager of Education and Resident Services, Resident Assessment Instrument (RAI) coordinator and Assistant Director of Care as well as the Registered Practical Nurse responsible for care on the 6th floor on August 26, 2010 and the residents involved.

During the course of the inspection, the inspectors reviewed the health care record of the residents involved and reviewed the home's Resident Non-Abuse Policy and Procedure.

The following Inspection Protocol was used during this inspection: Dignity, Choice and Privacy

There are no findings of Non-Compliance as a result of this inspection.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. <i>Amanda Nixon LTCH Inspector Dietary</i> <i>Kathleen Smid LTCH Inspector Nursing</i>
Title:	Date:
	Date of Report: (if different from date(s) of inspection). <i>Sept 29, 2010</i>