



**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

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

Division de la responsabilisation et de la performance du
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		Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
August 30, 2010	2010_161_2420_27Aug113407	Critical Incident Log 0-000903	
Licensee/Titulaire Revera Long Term Care Inc., 55 Standish Court, 8 th floor, Mississauga ON L5R 4B2 Fax number: 289.360.1201			
Long-Term Care Home/Foyer de soins de longue durée Carlingview Manor, 2330 Carling Avenue Ottawa Ontario K2B 7H1			
Name of Inspector(s)/Nom de l'inspecteur(s) Kathleen Smid and Amanda Nixon			
Kathleen Smid (ID# 161) Amanda Nixon (ID# 148)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident inspection.			
During the course of the inspection, the inspectors spoke with the Executive Director, Resident Assessment Instrument Coordinator, the Registered Practical Nurse and the identified resident			
During the course of the inspection, the inspectors reviewed the Health Care Record of an identified resident and reviewed the home's LTC-P-10 Wandering Resident Protocol			
The following Inspection Protocol was used in part or in whole during this inspection: Responsive Behaviours Inspection Protocol			
Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN			



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O, 2007, c. 8, s. 6 (7)

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

The plan of care for a resident indicates "requires one person supervision when off the unit." On August 1, 2010 the resident left the unit and home unsupervised.

Inspector ID #: 161 and 148

WN #2: The Licensee has failed to comply with LTCHA 2007, S.O, 2007, c. 8, 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,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective.

Findings:

1. A resident was provided a wanderguard bracelet December 2009 related to his/her responsive behaviour of wandering. The home's nursing staff are aware the resident removes wanderguard bracelet. There has not been ongoing reassessment and intervention to address the behaviour.

Inspector ID #: 161 and 148

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.

Katherine Smith LTCHI
Amanda New RD LTCH Inspector Dietary

Title: **Date:**

Date of Report: (if different from date(s) of inspection).

September 30, 2010