



**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  
347 Preston St., 4<sup>th</sup> Floor  
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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<b>Date(s) of inspection/Date de l'inspection</b> August 25, 2010	<b>Inspection No/ d'inspection</b> 2010_148_2420_23Aug134453	<b>Type of Inspection/Genre d'inspection</b> Complaint Log # D 157
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**Licensee/Titulaire**  
Revera Long Term Care Inc., 55 Standish Court 8<sup>th</sup> 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 complaint inspection related to the care and services provided to an identified resident.

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 6<sup>th</sup> floor, on August 25<sup>th</sup>.

During the course of the inspection, the inspectors reviewed the health care record of the resident.

The following Inspection Protocol was used: Personal Support Services

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

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné	<b>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.</b> <i>Amanda Nixon RD LTCH Inspector - Dietary</i> <i>Kathleen Smid LTCH Inspector - Nursing</i>
<b>Title:</b>	<b>Date of Report:</b> (if different from date(s) of inspection). <i>Sept 29, 2010</i>