



**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., 4th 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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| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|--|-----------------------------|---------------------------------------|
| August 25, 2010 | 2010_161_2420_23Aug134459 | Complaint inspection 0-000445 |

Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court, 8th 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 (ID# 161)
Amanda Nixon (ID# 148)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection of an identified resident.

During the course of the inspection, the inspectors spoke with: Executive Director, Resident Assessment Instrument Coordinator, the Registered Practical Nurse and the resident.

During the course of the inspection, the inspectors reviewed the Health Care Record of the resident and reviewed the home's Clinical Programs and Protocol LTC-N-28 "Revera/3M Wound and Skin Care Program "Management of Skin Tears."

The following Inspection Protocols were used in part or in whole during this inspection:
Skin and Wound Care Inspection Protocol

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

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| 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>Kathleen Smid LTCH</i> <i>Amanda Nixon RD LTCH Inspector Dictory</i> |
| Title: | Date: |
| | Date of Report: (if different from date(s) of inspection). <i>September 30, 2010</i> |