Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Public Report

Report Issue Date: August 15, 2025
Inspection Number: 2025-1184-0004
Inspection Type: Complaint Critical Incident
Licensee: Carveth Nursing Home Limited
Long Term Care Home and City: Carveth Care Centre, Gananoque

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 13-15, 2025

The following intake(s) were inspected:
Complaint Intake #00153713 and Intake: #00153488 - CI #2683-000004-25 - Alleged staff to resident physical abuse.
Complaint Intake: #00153597 - Resident care and services.

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee has failed to ensure that the care set out in the plan of care specific to verbal, physical aggression and resistance to care for a resident, was provided to the resident as specified in the plan.
A Personal Support Worker (PSW) did not leave and return at a later time when a resident was resistive and aggressive with care.

Sources: Review of the resident's care plan document, the progress notes, the licensee's investigation documents, and interview of the PSWs and Director of Care (DOC).

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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The licensee has failed to ensure that a PSW complied with the written policy to promote zero tolerance of abuse and neglect of residents.

A PSW did not immediately report an allegation of staff to resident physical abuse to the charge nurse on duty.

Sources: Review of the home's Policy/ Subject: 024 Reporting of Abuse or Neglect; and interviews with a Registered Nurse (RN) and Director of Care (DOC).

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 112 (3)
Licensees who report investigations under s. 27 (2) of Act
s. 112 (3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

The licensee has failed to provide a final report to the Director within a period of time specified by the Director.

A critical incident was submitted to report an alleged incident of staff to resident abuse on a date in July 2025. As of the date of this inspection, the licensee had failed to provide a final report to the Director.

Sources: CIS #2683-000004-25, interview with Director of Care (DOC).