



**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 **X** Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 2 & 3, 2011	2011-034117-0002	Complaint Log # O-001786
Licensee/Titulaire Revera Long Term Care Inc. 55 Standish Court, 8 th floor Mississauga ON L5R 4B2 Fax: (289).360.1201		
Long-Term Care Home/Foyer de soins de longue durée Carlingview Manor 2330 Carling Avenue Ottawa, ON K2B 7H1 Fax: (613) 820-9774		
Name of Inspector(s)/Nom de l'inspecteur(s) Lyne Duchesne #117		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a complaint investigation.

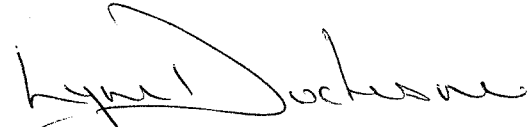
During the course of the inspection, the inspector spoke with the home's Executive Officer, to the Regional Manager, to the Environmental Services Manager, to three Registered Practical Nurses, to two residents on a resident care area and to housekeeping staff.

During the course of the inspection, the inspector observed resident common areas and several resident rooms on a resident care unit, observed the home's front entrance and main floor resident lounge flooring, reviewed the home's Emergency Plan Manual – Emergency Power Hook Up (EPM-J-2005) procedures and noted flashlights on three residents care units.

The following Inspection Protocol was used during this inspection:

- Accommodation Services – Housekeeping
- Safe and Secure Home

No findings of Non-Compliance were found during 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.
		
Title:	Date:	Date of Report: (if different from date(s) of inspection). May 6, 2011