



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 24, 2018	2017_584161_0025	023656-17, 024638-17, 027866-17	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON 000 000

Long-Term Care Home/Foyer de soins de longue durée

CARLINGVIEW MANOR
2330 CARLING AVENUE OTTAWA ON K2B 7H1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

KATHLEEN SMID (161)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): December 27, 2017,
January 3, 4, 5, 8, 9, 2018.**

**During the course of the inspection, the inspector(s) conducted four complaint
inspections related to the provision of care and services to identified residents.**

**During the course of the inspection, the inspector(s) spoke with identified
residents, Personal Support Workers, Registered Nursing staff, Environmental
Manager, Clinical Manager, Director of Care, Assistant Executive Director and the
home's Executive Director.**

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Falls Prevention

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



Findings/Faits saillants :

The licensee has failed to ensure that O. Reg. 79/10 s.8 (1)(b) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system to be complied with, in that the home failed to ensure compliance with the following policy.

Reg. 79/10, s.50(1)(2) The skin and wound care program must, at a minimum, provide for strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.

On January 9, 2018 Inspector #161 asked for and received from the home's Assistant Executive Director (AED), the licensee's most recent policy and procedures for skin and wound care. The AED provided Inspector #161 with the licensee policy and procedure titled "Skin and Wound Care - #CARE12-P10" effective date August 31, 2016. The policy indicated that a document titled "Treatment Observation Record – Ongoing Wound Assessment" would be completed on a weekly basis for all residents who had altered skin integrity.

On January 9, 2018 Inspector #161 reviewed the health care records of resident #003 and noted that the resident had altered skin integrity. Inspector #161 and Clinical Manager #103 reviewed the resident's Treatment Observation Record – Ongoing Wound Assessment dated July, August and September 2017. The document was missing a total of eight entries over the three month period. More specifically, in July 2017 there were two missing entries; August 2017 there were four missing entries and in September 2017, there were two missing entries.

Resident #003's document titled "Treatment Observation Record – Ongoing Wound Assessment" was not completed on a weekly basis as per the home's policy and procedure. [s. 8. (1) (a),s. 8. (1) (b)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all residents who have altered skin integrity as defined in the licensee's policy and procedure titled "Skin and Wound Care - #CARE12-P10" effective date August 31, 2016, have on a weekly basis, a "Treatment Observation Record – Ongoing Wound Assessment" completed., to be implemented voluntarily.

Issued on this 24th day of January, 2018

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.