



**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 prévue  
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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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 23, 2019	2019_761733_0008	004373-19, 006263-19	Critical Incident System

**Licensee/Titulaire de permis**

Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

**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**

MARK MCGILL (733), AMANDA NIXON (148)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 23, 24, 25, 26, 29, 30, 2019**

**Log 006263-19 (CI: 2420-000013-19) and log 004373-19 (CI: 2420-000007-19) are related to falls.**

**The inspectors also reviewed residents' health care records, observed resident rooms, observed resident common areas, and observed the delivery of resident care and services, including resident-staff interactions.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, Assistant Director of Care, Personal Support Workers, Registered Practical Nurses, the Office Manager, the Receptionist.**

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

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

**1 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Légende**

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

The licensee has failed to ensure that the care set out in the plan of care was provided to resident #001 as specified in the plan.

The plan of care for resident #001 includes the requirement for staff to provide hourly checks of the resident due to the resident's high risk of falls.

On a specified date, at a known time, resident #001 was found on the floor in the resident's bedroom. The resident was later transferred to hospital and was diagnosed with an injury. Prior to the resident having been found by staff, the resident was last checked approximately two hours prior.

In this way, resident #001 was not provided with hourly checks as specified in the plan of care.

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**Issued on this 24th day of May, 2019**

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



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**Original report signed by the inspector.**