Ontario

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

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

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

**Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue**


**Health System Accountability and Performance Division**
**Performance Improvement and Compliance Branch**
**Division de la responsabilisation et de la performance du système de santé**
**Direction de l'amélioration de la performance et de la conformité**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670


**Public Copy/Copie du public**

| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|---|---|
| Sep 29, 30, Oct 7, 19, 2011 | 2011_034117_0027 | Complaint |

**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

**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**

LYNE DUCHESNE (117)

## Inspection Summary/Résumé de l'inspection

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

**During the course of the inspection, the inspector(s) spoke with the home's Adminsitrator, the Director of Care (DOC), to the Dietary Manager, to several Nurse Clinical Managers, to several Registered Nurses (RN), to several Registered Practical Nurses (RPN), to several Personal Support Workers (PSW), to a housekeeper and to several residents.**

**During the course of the inspection, the inspector(s) reviewed a resident's health care record , reviewed a resident's partial health care record , examined a resident care unit tub room, bathing equipment and Sara Lifts, examined soap and paper towel dispensers in several resident bathrooms on a resident care unit and reviewed the home's 4-week menu.**

**During the inspection period, the inspector completed two complaint inspections. The log numbers are as follows: #O-001048-11 and #O-001611-11.**

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

**Accommodation Services - Housekeeping**

**Food Quality**

**Hospitalization and Death**

**Medication**

**Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**

| NON-COMPLIANCE / NON-RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Legendé<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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.)<br><br>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.<br><br>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.**

**Findings/Faits saillants :**

1. A resident was prescribed to have oxygen at all times. The resident was unable to go to the unit dining room for meals, as the home's portable oxygen tanks had technical refill difficulties and did not have enough oxygen capacity to allow the resident to circulate outside of his/her room for lengthy periods of time. This is confirmed by family, Director of Care, Nurse Clinical Manager and PSWs staff interviews. [log # O-001048-11]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 233. Retention of resident records**

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

**s. 233. (1) Every licensee of a long-term care home shall ensure that the record of every former resident of the home is retained by the licensee for at least 10 years after the resident is discharged from the home. O. Reg. 79/10, s. 233 (1).**

**Findings/Faits saillants :**

1. A resident was admitted to the home in May 2011. The resident was later admitted to hospital and discharged from the home in June 2011.

The resident's health care records have been misplaced and the home is unable to locate them. [log # O-001048-11]

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Issued on this 19th day of October, 2011

| Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs |
| --- |
| Lynn Duchesne |