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

Original Public Report

Report Issue Date: October 25, 2023

Inspection Number: 2023-1070-0006

Inspection Type:
Complaint
Critical Incident

Licensee: Carlingview Manor Operating Inc.

Long Term Care Home and City: Carlingview Manor, Ottawa

Lead Inspector	**Inspector Digital Signature**
Dee Colborne (000721)	Diana (Dee) Colborne Digitally signed by Diana (Dee) Colborne Date: 2023.10.26 11:48:08 -04'00'

Additional Inspector(s)
Laurie Marshall (742466)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 20, 21, 22, 25, 26, 28, 2023

The following intake(s) were inspected:

- Intake: #00093899 - Fall that resulted in a significant change in condition.
- Intake: #00094071 - Complaint regarding a bed refusal.
- Intake: #00094872 - Fall that resulted in a significant change in condition.
- Intake: #00097277 - An incident that resulted in a significant change in condition.

The following intake(s) were completed in this inspection:

- Intake: #00093034, and intake: #00094086, which were related to falls that resulted in a significant change in condition.

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

Resident Care and Support Services
Infection Prevention and Control

Safe and Secure Home
Falls Prevention and Management
Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Authorization for Admission

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 51 (9)

The licensee has failed to ensure that the applicant, who had their admission to the home refused/withheld, was provided with written notice setting out a detailed explanation in regards to the following:
(a) the ground or grounds on which the licensee is withholding approval;
(b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
(c) an explanation of how the supporting facts justify the decision to withhold approval; and
(d) contact information for the Director.

Rationale and Summary:
Review of the applicants application for admission did not include a written notice setting out a detailed explanation of the supporting facts for refusal.

Upon interview with the homes Resident Services Coordinator (RSC) #111, they confirmed that a refusal letter was not completed and that the applicant/SDM were not notified of the homes decision for refusal.

Upon interview with the DOC #100, they confirmed that a refusal letter was not completed to advise the applicant or SDM of the decision for refusal.

Sources: Review of applicants documentation for admission approval, interviews with DOC #100 and RSC #111
[000721]

COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 40

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (c)]:
The licensee shall:

a. Perform audits, three times a week on identified PSW for three weeks to ensure that they are following safe transfer and positioning techniques in accordance with their assigned residents plan of care. This includes only providing care once a second PSW is present when directed in the resident's plan of care for lifts and transfers and taking corrective action if necessary should any unsafe transfers be observed.

b. Document the audits and corrective actions taken based on audit results.

A written record must be kept of everything required under steps (a) and (b) of this compliance order, until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds
The licensee has failed to ensure that staff used safe transferring techniques when assisting a resident with transferring.

Rationale and Summary:
Review of the documented care plan for a resident identified that the resident was a two-person transfer assist with transfer belt.

Progress notes from August 16, 2023, identified that a PSW assisted the resident into the bathroom with transfer from chair to standing without a second PSW to assist.

Review of the homes internal investigation notes dated August 18, 2023, identified that the same PSW assisted a resident with transfer from bed to wheelchair then from wheelchair to standing without a second person assisting.

During a joint interview with RPN #104 and RN #105, RPN #104 reported that the resident was a two-person transfer and RN #105 and RPN #104 both reported that the resident was a high falls risk.

The PSW reported that they transferred the resident alone and reported that they were aware that the resident was a two-person transfer. The resident had a fall during this transfer which resulted in an injury and a significant change in condition.

The homes DOC #100 reported that the PSW attempted to transfer a resident without an additional staff resulting in a fall with significant injury. The DOC confirmed that the resident was a two-person transfer.

By not following the required transfer technique identified in the plan of care for the resident, the resident sustained a fall that resulted in significant injury.

Sources: Progress notes, care plan, homes internal investigation notes; Interviews with a PSW, RPN #104, RN#105 and DOC #100. [742466].

This order must be complied with by November 24, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.