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

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Original Public Report

Report Issue Date: August 22, 2024
Inspection Number: 2024-1070-0005
Inspection Type: Proactive Compliance Inspection
Licensee: Carlingview Manor Operating Inc.
Long Term Care Home and City: Carlingview Manor, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 14, 15, 16, 19, 20, 21, 22, 2024

The following intake(s) were inspected:

- Intake: #00122694 - Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Quality Improvement
Pain Management
Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control

Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee has failed to ensure that a resident's provision of care, as set out in the plan of care, was provided to the resident as specified in the plan. Specifically, the licensee has failed to provide a resident with their dietary support aid as specified in their plan of care.

Sources:
Observation of a resident;
Record review of a resident's care plan.

WRITTEN NOTIFICATION: Accommodation services

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure that the home's shower rooms were kept in a state of good repair.

Sources:
Observation of the shower room walls and floors on the second, third, and fourth floors.

WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a resident's provision of care, as set out in the plan of care, was documented. Specifically, the licensee has failed to ensure that a resident's turning and repositioning was documented as specified in their plan of care.

Sources:
A resident's electronic chart and documentation;
Interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Doors in a home

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that doors leading to non-residential areas on the fifth, sixth and seventh floor resident home areas were kept closed and locked when unsupervised.

Source:
Observations on resident home areas.

WRITTEN NOTIFICATION: Quarterly evaluation of medication management system

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 124 (5)
Quarterly evaluation
s. 124 (5) The licensee shall ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented.

The licensee has failed to ensure that a written record of changes to the home's medication management system was kept based on the results of the quarterly evaluation of the medication management system.

In accordance with Ontario Regulation 246 / 22 s. 124 (3) (c), the quarterly evaluation must identify changes to improve the medication management system based on evidence-based practices, and if there are none, in accordance with prevailing practices.

Specifically, the licensee did not comply with keeping a written record of changes they made to the medication management system based on the results of their quarterly evaluation of the system.

Sources:
Record review,
Interview with the DOC.

WRITTEN NOTIFICATION: Security of drug supply

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 139 1.
Security of drug supply
s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee has failed to ensure that a medication storage room was kept locked when not in use.

Source:
Observation of fourth floor medication room.