



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

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

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  
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### Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 11, 2013	2013_225126_0035	0-001094-13	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

LINDA HARKINS (126)

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

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

This inspection was conducted on the following date(s): November 29 and December 2, 2013

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Assistant Executive Director, the Director of Care, two Resident Care Coordinators and the Registered Dietitian.

During the course of the inspection, the inspector(s) reviewed one resident health care record, reviewed the Anticoagulant Therapy policy LTC-F-130, observed care and services given to residents

The following Inspection Protocols were used during this inspection:



Falls Prevention
Medication
Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

Table with 2 columns: Legend and Legendé. It details non-compliance findings under the Long-Term Care Homes Act, 2007 (LTCHA) and the corresponding findings in French under the Loi de 2007 sur les foyers de soins de longue durée (LFSLD).

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



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**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).**

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**Findings/Faits saillants :**



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1. The licensee failed to comply with O.Reg 79/10, s.8 (1) (b), whereby the licensee did not ensure that policies related to the administration of medications were complied with.

In accordance with O.Reg 79/10, s. 114 (2), the licensee shall ensure that written policies are developed for the medications system to ensure the accurate acquisition, dispensing, receipt, storage, administration and destruction and disposal of all drugs used in the home.

The home provided Inspector #126 with the policy on the administration of anticoagulant therapy (LTC-F-130). The licensee failed to comply with Section 1 and 2:

Section 1." All Residents receiving anticoagulant therapy must have a Physician/Nurse Practitioner (NP) order which clearly identified the dosage and the frequency of medication and the frequency on the Prothrombin time International Normalized Ratio Therapeutic range (INR)".

On a specific day in December 2012, Resident #1 returned from the hospital to the home. The transfer order indicated that Resident #1 was to be administered an anticoagulant on a daily basis. There was no documentation on the frequency of the INR on the Admission Order form for that specific day in December 2012. The INR was done on the following Monday and no other INR was done until Resident #1 was transferred to hospital on specific day in January 2013.

Discussion with the Resident Care Coordinator(RCC) who completed the Admission Order Form on that specific day of December 2012. He/she reviewed the original Admission Order Form and confirmed that the frequency of the INR was not documented on the order. He/she indicated that usually INR are done once a week unless specified by the physician.

Section 2. "The Physician/NP will be notified of any signs of internal and/or external bleeding and when there a change in Resident acuity, medication change (e.g. antibiotics, including herbal medications), weight loss or a significant change in diet."

Resident #1 was readmitted to the home on a specific day of December 2012 and was noted to have significant changes in his health condition. Resident #1 was sent to the



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hospital on specific day in January 2013. The physician was not notified of these symptoms as per requirement in the policy under Section 2. [s. 8. (1)]

***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 the licensee comply with the Anticoagulant Therapy policy for all residents in the home., to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:**

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**
- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).**
  - (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

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**Findings/Faits saillants :**



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1. The licensee failed to comply with O.Reg 79/10 s. 26. (4) (a) in that the home did not ensure that Resident #1 was assessed by the registered dietitian when there was a significant change in the resident's health condition.

Resident #1 returned to the home from hospital on a specific day in December 2012. Few days later, family members expressed concern about resident's appetite. It is noted on the food and fluid tracking sheet that Resident #1 had eaten a fair (50-75%) or refused a majority of the meals for a period of approximately 15 days.

On a specific day in December 2012 Resident #1 was assessed by the Nurse and a stage 2 ulcer was noted on resident coccyx. A referral was sent to the registered dietitian for an assessment. On that same day, Resident #1 complained of tongue pain. On a specific day in December 2012, Resident #1 indicated he/she did not want to eat because of a sore mouth.

Up until Resident #1's was transfer to hospital on a specific day of January 2013, his/her health condition continue to deteriorate and significant changes in the condition were documented in the progress notes..

The registered dietitian did not complete a nutritional assessment for Resident #1 when there was a significant change in the resident's health condition. [s. 26. (4)]

***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 Residents that have significant changes in their health condition are assessed by the Registered Dietitian., to be implemented voluntarily.***

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Issued on this 11th day of December, 2013

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

A handwritten signature in cursive script, appearing to read "L. Harker".