

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du rapport 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>
Sep 29, 2021	2021_873602_0029	009924-21, 012212-21	Critical Incident System

---

**Licensee/Titulaire de permis**

Carveth Nursing Home Limited  
375 James Street Gananoque ON K7G 2Z1

---

**Long-Term Care Home/Foyer de soins de longue durée**

Carveth Care Centre  
375 James Street Gananoque ON K7G 2Z1

---

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

WENDY BROWN (602)

---

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

---

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

**This inspection was conducted on the following date(s): September 15 & 16, 2021**

**The following inspections were completed:**

**Log #012212-21/ CIS#2683-000004-21 - regarding a fall with injury and transfer to hospital.**

**Log #009924-21/ CIS#2683-000003-21 - regarding a fall with injury and transfer to hospital.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Director of Care (DOC), the Infection Prevention & Control (IPAC) lead, the Assistant DOC, environmental services, activities and housekeeping staff, and the Administrator.**

**In addition, the inspector reviewed resident health care records: including plans of care & progress notes, medication administration records, relevant policies and procedures, and made resident care & services, environmental services and IPAC practice observations.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

**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)**

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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

---

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

**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).**

**Findings/Faits saillants :**

1. The licensee failed to ensure the falls prevention and management program policies and procedures were complied with:

O. Reg. 79/10, s. 48 (1). requires that there is falls prevention and management program that reduces the incidence of falls and the risk of injury.

A resident had an unwitnessed fall. A review of the health care record indicated that the head injury routine was not completed as outlined in the fall prevention and management policy and procedure. The Assistant Director of Care and a Registered Practical Nurse indicated that post fall assessments for unwitnessed falls are to include the Head Injury Routine.

**SOURCES: Falls Prevention and Management Policy (revised August 2019), health record review, and interviews with the assistant director of care and registered staff. [s. 8. (1)]**

**Issued on this 6th day of October, 2021**

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

**Original report signed by the inspector.**