Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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November 17, 2010

Ms. Cathy Drouin
Administrator
Carlingview Manor
2330 Carling Avenue
Ottawa ON K2B 7H1

Dear Ms. Drouin:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on August 30, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

Kathleen Smid
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council

Ontario

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

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

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	Licensee Copy/Copie du Titulaire	☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
August 30, 2010	2010_161_2420_27Aug113407	Critical Incident Log 0-000903

Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court, 8th floor, Mississauga ON L5R 4B2
Fax number: 289.360.1201

Long-Term Care Home/Foyer de soins de longue durée
Carlingview Manor, 2330 Carling Avenue Ottawa Ontario K2B 7H1

Name of Inspector(s)/Nom de l'inspecteur(s) Kathleen Smid and Amanda Nixon

Kathleen Smid (ID# 161)
Amanda Nixon (ID# 148)

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspectors spoke with the Executive Director, Resident Assessment Instrument Coordinator, the Registered Practical Nurse and the identified resident

During the course of the inspection, the inspectors reviewed the Health Care Record of an identified resident and reviewed the home's LTC-P-10 Wandering Resident Protocol

The following Inspection Protocol was used in part or in whole during this inspection:
Responsive Behaviours Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O, 2007, c. 8, 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.

Findings:

The plan of care for a resident indicates "requires one person supervision when off the unit." On August 1, 2010 the resident left the unit and home unsupervised.

Inspector ID #:	161 and 148

WN #2: The Licensee has failed to comply with LTCHA 2007, S.O, 2007, c. 8, s. 6

(10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective.

Findings:

1. A resident was provided a wanderguard bracelet December 2009 related to his/her responsive behaviour of wandering. The home's nursing staff are aware the resident removes wanderguard bracelet. There has not been ongoing reassessment and intervention to address the behaviour.

Inspector ID #:	161 and 148

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Kathleen Smid LTCHI Amanda Nix RD LTCH Inspector Dietary
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). September 30, 2010