



**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**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**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
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Licensee Copy/Copie du Titulaire



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Date(s) of inspection/Date de l'inspection
October 29, 2010

Inspection No/ d'inspection
2010_161_2420_27Oct143438

Type of Inspection/Genre d'inspection
Other (Critical Incident)
Log # O-001719

Licensee/Titulaire

Revera Long Term Care Inc., 55 Standish Court 8th Floor Mississauga Ontario L5R 4B2
Phone 289-360-1200 Fax 289-360-1201

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

Carlingview Manor, 2330 Carling Avenue Ottawa Ontario K2B 7H1
Phone 613-820-9328 Fax 613-820-9774

Name of Inspector(s)/Nom de l'inspecteur(s)

Kathleen Smid (ID#161)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to an incident of abuse between two identified residents.

During the course of the inspection, the inspector spoke with members of the management team including the Executive Director, Regional Manager of Education and Resident Services and the Resident Assessment Instrument (RAI) coordinator.

During the course of the inspection, the inspector reviewed the health care record of the identified residents involved and reviewed the home's Resident Non-Abuse Policy and Procedure and observed one of the identified residents.

The following Inspection Protocol was used during this inspection: Prevention of Abuse and Neglect

There are no findings of Non-Compliance as a result of this inspection.

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

Title:

Date:

Date of Report: (if different from date(s) of inspection).

Nov 22 2010