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*

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 conformité

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

☐ 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
September 21, 22, 23, 2010	2010_138_2746_21Sep134246	Complaint – O-000791

Licensee/Titulaire
Genesis Gardens Inc., 438 Presland Road, Ottawa, On K1K 2B5, Fax (613)443-5950

Long-Term Care Home/Foyer de soins de longue durée
Foyer St-Viateur Nursing Home, 1003 Limoges Road South, Limoges, Ontario, K0A2M0

Name of Inspector(s)/Nom de l'inspecteur(s)
Paula MacDonald (ID#138)

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with the resident's POA and a POA's family member, Richard Marleau, Administrator, Jan Daze, Director of Care, and Joanne Blais, Food Service Supervisor.

During the course of the inspection, the inspector visited the resident, the resident's POA, and a family member. The resident's health care record was also reviewed.

The following Inspection Protocols were used in part or in whole during this inspection:
Food Quality Inspection Protocol
Personal Support Services Inspection Protocol

☒ 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.
Jeanne Daze RN-DOC Title: Director of Care Date: 29-9-10	Paula MacDonald Date of Report: (if different from date(s) of inspection). Sept 29, 2010.