

**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, 4^{ième} étage
Ottawa ON K1S 3J4
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February 7, 2011

Mr. Peter Crate
Administrator
Hilltop Manor Nursing Home
1005 St. Lawrence Street
P.O. Box 430
Merrickville ON K0G 1N0

Dear Mr. Crate:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted on January 31, 2011 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

A handwritten signature in cursive script that reads "Amanda Nixon".

Amanda Nixon
LTC Home Inspector – Dietary

c President, Resident's Council
President, Family Council



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

**Rapport d'inspection
prévus 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 January 31, 2011	Inspection No/ d'inspection 2011_148_2645_31Jan081926	Type of Inspection/Genre d'inspection Complaint Log O-002307
Licensee/Titulaire Hilltop Manor Nursing Home, 82 Colonel By Crescent Smith Falls Ontario, K7A 5B6 Fax: 613-269-3534		
Long-Term Care Home/Foyer de soins de longue durée Hilltop Manor Nursing Home, 1005 St Lawrence Street P.O Box 430 Merrickville Ontario, K0G 1N0 Fax: 613-269-3534		
Name of Inspector/Nom de l'inspecteur Amanda Nixon (ID #148)		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the housekeeping of an identified resident's room and dining areas, along with the social activities in place for an identified resident.

During the course of the inspection, the inspector spoke with the Administrator, Assistant Manager of Laundry/Housekeeping and Maintenance, two Activity Aides, Personal Support Workers (PSW) and residents.

During the course of the inspection, the inspector reviewed the resident's plan of care, the job routines of the Housekeeping Aide, housekeeping checklists, building maintenance audits and activity calendars/plans. In addition, several resident rooms and the activity room were observed for cleanliness.

The following Inspection Protocols were used during this inspection:

- Recreation and Social Activities
- Accommodation - Housekeeping

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

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.

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.**

Title:

Date:

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

Aminda Ali LTCH Inspector

February 1, 2011