

**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 conformitéHamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton, ON L8P 4Y7Telephone: 905-546-8294
Facsimile: 905-546-8255Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée ☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 24, 26, 2010		Inspection No/ d'inspection 2010_150_8569_24Aug105614	Type of Inspection/Genre d'inspection Complaint— Log # 0-142
Licensee/Titulaire St Patrick's Home of Ottawa Inc., 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
Long-Term Care Home/Foyer de soins de longue durée St Patrick's Home, 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
Name of Inspector/Nom de l'inspecteur Carole Baril (ID# 150)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection related to care and services of an identified resident. During the course of the inspection, the inspectors spoke with: The members of the management team including the Vice President of Resident Care, Director of Care, registered staff and personal care worker. During the course of the inspection, the inspector: Reviewed the resident's health records, interviewed staff, interviewed and observed the resident's activities. The following Inspection Protocols were used during this inspection: Pain Inspection Protocol and the Reporting and Complaint Inspection Protocol. There are no findings of non-compliance as the result of this inspection.			

Signature of Licensee of Designated Representative 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. <i>Carole Baril Lt & Inspector</i>	
Title:	Date:	Date of Report (if different from date(s) of inspection). <i>November 3, 2010</i>	