

**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
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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
Téléphone: 613-569-5602
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January 10, 2011

Ms. Linda Chaplin
Administrator
St. Patrick's Home
2865 Riverside Drive
Ottawa ON K1V 8N5

Dear Ms. Chaplin:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on November 3, 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

A handwritten signature in cursive script, appearing to read "Carole Baril".

Carole Baril
LTC Home Inspector – Nurse

- 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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 3, 2010	2010_150_8569_03Nov 110130	Complaint- Log # 0-001169

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(s)/Nom de l'inspecteur(s)

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 provided to an identified resident.

During the course of the inspection, the inspectors spoke with:

The members of the management team including the Director of Care and registered nursing staff.

During the course of the inspection, the inspector: Reviewed the resident's health records, interviewed the Director of Care.

The following Inspection Protocol was used during this inspection:

Pain Inspection Protocol - Notes

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

1WN

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.

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-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.)

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 the Long Term Care Homes Program Manual Standards and Criteria.

Criterion B3.45: Each resident who experiences pain/discomfort shall receive care to manage the pain/discomfort.

Findings:

1. An identified resident was expressing pain upon her re-admission from the hospital on May 5, 2008 and did not receive pain medication to meet the resident's comfort level due to a 10-12 hour delay in the follow-up to the emergency physician suggested pain management medical orders.
2. An identified resident was expressing pain upon her re-admission from the hospital on October 23, 2009 and did not receive pain medication to meet the resident's comfort level due to a 10-12 hour delay in the follow-up to the emergency physician suggested pain management medical orders.

Inspector ID #: 150

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).

November 26, 2010