

**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
Facsimile: 613-569-9670

**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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Télécopieur: 613-569-9670



November 18, 2010

Ms. Frances De Beaumont
Administrator
Valley Stream Manor
2 Valley Stream Drive
Ottawa ON K2H 0A5

Dear Ms. De Beaumont:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on September 10, 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 black ink, appearing to read "Kathleen Smid".

Kathleen Smid
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 September 10, 2010	Inspection No/ d'inspection 2010_161_2978_09Sep120213	Type of Inspection/Genre d'inspection Complaint 0-000539	
Licensee/Titulaire Valley Stream Manor Inc 1433 York Mills Drive Orleans ON K4A 2N9 Fax number: 613.843.5788			
Long-Term Care Home/Foyer de soins de longue durée Valley Stream Manor 2 Valley Stream Drive Ottawa Ontario K2H 0A5			
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 Complaint inspection regarding an identified resident.			
During the course of the inspection, the inspector spoke with the General Manager/Administrator Executive and the Director of Care.			
During the course of the inspection, the inspector reviewed the health care record of the resident and the in-service documentation.			
The following Inspection Protocol was used in part or in whole during this inspection: 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. Kathleen Smid LTCH	
Title:	Date:	Date of Report: (if different from date(s) of inspection). September 30, 2010	