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, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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November 18, 2010

Ms. Janice Wilkes
Administrator
Versa-Care Hallowell House
13628 Loyalist Parkway
Picton ON K0K 2T0

Dear Ms. Wilkes:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on September 9, 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,

for Darlene Murphy
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council

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*

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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**
September 9, 2010	2010_103_891_08Sept173714	Other (Critical Incident #0891-000014-10) Log #O-000585

Licensee/Titulaire
Revera Long Term Care, 55 Standish Court, 8th floor, Mississauga, Ontario L5R 4B2 Fax# 289-360-1201

Long-Term Care Home/Foyer de soins de longue durée
Hallowell House, 13628 Loyalist Parkway, Picton, Ontario K0K 2T0 Fax# 613-476-1566

Name of Inspector(s)/Nom de l'inspecteur(s)
Darlene Murphy (ID#103)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical incident inspection related to a resident death.

During the course of the inspection, the inspector spoke with 1 Registered Practical Nurse, 2 Personal Support Workers and the Director of Care.

During the course of the inspection, the inspector reviewed one resident health care record.

The following Inspection Protocol was used in part or in whole during this inspection:
Hospitalization and Death Inspection Protocol.

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

☐ Findings of Non-Compliance were found during 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. Oct 4/10 Darlene Murphy (ID#103)
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).