



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

**Rapport d'inspection  
prévüe le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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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  
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<b>Date(s) of inspection/Date de l'inspection</b> November 9, 2010	<b>Inspection No/ d'inspection</b> 2010_161_2692_09Nov130950	<b>Type of Inspection/Genre d'inspection</b> Other (Critical Incident) Log # O-002205
<b>Licensee/Titulaire</b>  Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner 1840 Lansdowne Street West Unit 12 Peterborough ON K9K 2M9 Fax 705-742-9197		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>  Almonte Country Haven 333 Country Street Almonte ON K0A 1A0		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Kathleen Smid (ID#161)		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a critical incident inspection related to an identified resident.</p> <p>During the course of the inspection, the inspector spoke with members of the management team including the Administrator and the Director of Care.</p> <p>During the course of the inspection, the inspector observed the identified resident and reviewed their health care record.</p> <p>The following Inspection Protocol was used during this inspection: Responsive Behaviours Inspection Protocol</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>		

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné	<b>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.</b>  <i>Kathleen Smid Nov 22, 2010</i>
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