



# 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*

## 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  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection  March 29, 2011	Inspection No/ d'inspection  2011_126_2811_29mar111128	Type of Inspection/Genre d'inspection  Complaint Log # O-000458 X reference #000562 Info Line 16951-OT
<b>Licensee/Titulaire</b> The Glebe Centre Incorporated 950 Bank Ottawa, ON K1S 5G6 Fax: 613-238-4759		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Glebe Centre 950 Bank Ottawa, ON K1S 5G6 Fax: 613-238-4759		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Linda Harkins #126		
<b>Inspection Summary/Sommaire d'inspection</b>		



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The purpose of this inspection was to conduct an inspection related to a complaint.

During the course of the inspection, the inspector spoke with: Registered Practical Nurse on the unit and 2 Health Care Aides.

During the course of the inspection, the inspector reviewed the resident health record and observed the behaviors of two residents.

The following Inspection Protocol were used during this inspection:

Prevention of abuse, neglect and retaliation  
Responsive behaviours

No Finding of Non-Compliance was 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.  
Title: _____	Date: _____ Date of Report: (if different from date(s) of inspection).  