



**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

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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
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|--|------------------------------------|--|
| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
| March 9, 2011 | 2011_126_2746_09Mar111023 | Follow-up inspection Log # O-000185 |
| Licensee/Titulaire Genesis Gardens Inc., 438 Presland Road, Ottawa On K1K 2B5 Fax: (613) 443-5950 | | |
| Long-Term Care Home/Foyer de soins de longue durée Foyer St-Viateur 1003 Limoges Road Limoges, ON K0A 2M0 Fax: (613) 443-5950 | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) Linda Harkins #126 | | |
| Inspection Summary/Sommaire d'inspection | | |



The purpose of this inspection was to conduct a follow-up inspection to Compliance Order #001, served on January 28, 2011 and Compliance Order #002 served on February 1, 2011. (Log # O-000082, Inspection # 2011-126-2746-19jan140544)

During the course of the inspection, the inspector spoke with the home's Director of care, the Day nurse, a Personal Support Worker and the Administrator.

During the course of the inspection, the inspector reviewed the Home policy guidelines regarding the administration of anticoagulant, documentation guidelines and the list of residents on anticoagulants.

The following Inspection Protocols were used in part or in whole during this inspection:

Medication
Death and hospitalization

There are no findings of Non-Compliance as a result of this inspection.
See "Corrected Non-Compliance" table at the end of this report.

CORRECTED NON-COMPLIANCE
Non-respects des exigences corrigées

| REQUIREMENT EXIGENCE | TYPE OF ACTION/ORDER | ACTION/ ORDER # | INSPECTION REPORT # | INSPECTOR ID # |
|--|-------------------------|--------------------|---------------------------|----------------|
| O. Reg. 79/10, s.134 | CO | 001 | 2011_126_2746_09Mar111023 | 126 |
| LTCHA, 2007, S.O. 2007 c. 8, s.6(10)(a)(b) | CO | 002 | 2011_126_2746_09Mar111023 | 126 |

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|---|--|
| 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). <i>March 9, 2011</i> |