



# 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  
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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 February 8, 2011	Inspection No/ d'inspection 2011_150_2645_07Feb135615	Type of Inspection/Genre d'inspection Complaint – Log #002822
Licensee/Titulaire Hilltop Manor Nursing Home Limited, 82 Colonel By Crescent, Smith Falls, ON, K7A 5B6, Fax 613-269-3534		
Long-Term Care Home/Foyer de soins de longue durée Hilltop Manor Nursing Home, 1005 St. Lawrence Street, P.O. Box 430, Merrickville, ON, K0G 1N0, Fax 613-269-3534		
Name of Inspector(s)/Nom de l'inspecteur(s) Carole Baril (#150)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection related to care and services provided to an identified resident.		
During the course of the inspection, the inspector spoke with: Director of Care, Supervisor of Laundry Services, laundry staff, registered practical nurse, personal support worker and the resident.		
During the course of the inspection, the inspector interviewed staff listed above, reviewed the resident's health care records, reviewed the policy and procedure of "Reporting of Missing Articles" and observed the resident's activities.		
The following Inspection Protocols were used during this inspection: Personal Support Services		
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.  
Title:	Date:
Date of Report: (if different from date(s) of inspection).  	