



**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
Direction de l'amélioration de la performance et de la
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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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
August 17, 2010	2010_138_2645_16Augg211256	Complaint O-000221	
Licensee/Titulaire Hilltop Manor Nursing Home Limited, 82 Colonel By Crescent, Smith Falls, On, K7A 5B6 Fax (613) 269-4707			
Long-Term Care Home/Foyer de soins de longue durée Hilltop Manor Nursing Home, 1005 St Lawrence Street, PO Box 430, Merrickville, On K0G 1N0			
Name of Inspector(s)/Nom de l'inspecteur(s) Paula MacDonald (ID# 138)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection.			
During the course of the inspection, the inspector spoke with: Members of the management team including the administrator, the director of care, RAI - coordinator/food service supervisor, the assisstant food service supervisor as well the resident.			
During the course of the inspection, the inspector reviewed the resident's health care record and observed the lunch meal service.			
The following Inspection Protocols were used in part during this inspection: Dining Observation Inspection Protocol Nutrition and Hydration Inspection Protocol			
<input checked="" type="checkbox"/> 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.
<i>St. O'cayn RN</i>	<i>Sept 24/10</i>	<i>Paula MacDonald</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>Sept 24, 2010</i>