



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

**Rapport d'inspection
prévues 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
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 2, 2010	Inspection No/ d'inspection 2010_188_8595_02Sept110941	Type of Inspection/Genre d'inspection Other (Critical Incident) Log # O-000159
Licensee/Titulaire The Perley and Rideau Veterans' Health Centre 1750 Russell Road Ottawa ON K1G 5Z6 Fax: (613)526-7172		
Long-Term Care Home/Foyer de soins de longue durée The Perley and Rideau Veterans' Health Centre 1750 Russell Road Ottawa ON K1G 5Z6 Fax: (613)526-7172		
Name of Inspector(s)/Nom de l'inspecteur(s) Lyne Duchesne		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a critical incident inspection related to a resident.

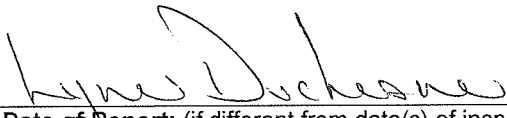
During the course of the inspection, the inspector spoke with the Ottawa building program manager; the home's RAI MDS coordinator; to an Ottawa building registered nurse and a registered practical nurse ; to two day health care aids and two evening health care aids in the Ottawa building , the resident's power of attorney and the resident.

During the course of the inspection, the inspector reviewed the resident's health care record, reviewed the home's "Least Restraint" policy # GEN-CL-1652/NSG-R-1752 , examined the resident's room and observed the resident's ability to self reposition in his bed.

The following Inspection Protocol was used during this inspection:

- Fall Prevention Inspection

There are no findings of Non-Compliance as a result of this inspection.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> 
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). September 27, 2010</p>