



**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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**Ministère de la Santé et des Soins de
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Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

		Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
November 18, 2010	2010_102_2761_18Nov090836	Complaint Log # O-001517	
Licensee/Titulaire Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd as General Partner 1840 Landsdowne Street West, Unit 12 Peterborough, Ontario K9K 2M9 Fax # 705 742 9197			
Long-Term Care Home/Foyer de soins de longue durée Pleasant Meadow Manor 99 Alma Street, P.O. Box 426 Norwood, Ontario K0L 2V0 fax # 705 639 5309			
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a complaint inspection related to oxygen equipment malfunction.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, the Environmental Services supervisor, the charge Registered Nurse (RN), one Registered Practical Nurse (RPN), several Personal Support Workers (PSWs).</p> <p>During the course of the inspection, the inspector: reviewed one resident's chart and progress notes from the MedEcare system, reviewed daily oxygen records for 2010, reviewed the treatment administration record (TAR) for one resident, reviewed oxygen equipment information provided at the Nursing station, observed oxygen equipment provided in the home.</p> <p>The following Inspection Protocol was used during this inspection: Accommodation Services-maintenance.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>			

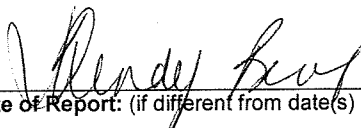


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
		
Title:	Date:	Date of Report: (if different from date(s) of inspection). Dec 17/10