



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 18, 2010	2010_102_2761_18Nov090930	Follow Up Log # O-002704
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 follow up inspection related to infection prevention and control identified as an outstanding unmet criterion M3.21 from an Environmental Health referral conducted April 15 and 16, 2010.</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 entered residents' rooms, ensuite washrooms and bathing rooms; examined toothbrush storage practices; electric shaver and nail clipper use and storage.</p> <p>The following Inspection Protocol was used during this inspection: Infection Prevention and Control</p> <p>There are no findings of Non-Compliance as a result of this inspection. Criterion M3.21 is now in compliance.</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 Mindy Boy	