

**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 conformité**Inspection Report under the *Long-Term Care Homes Act, 2007*****Rapport d'inspection prévu le *Loi de 2007 les foyers de soins de longue durée***Ottawa Service Area Office
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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 July 21-22, 2010	Inspection No/ d'inspection 2010_103_2671_20Jul101440	Type of inspection/Genre d'inspection Critical Incident (O-000298) CIS#2671-000015-10
Licensee/Titulaire Omni Health Care Limited Partnership on behalf of 0760444, B.C. Ltd., as General Partner, 1840 Lansdowne Street, West, Unit 12, Peterborough, Ontario, K9K 2M9 Fax #705-742-9197		
Long-Term Care Home/Foyer de soins de longue durée Rosebridge Manor		
Name of Inspector(s)/Nom de l'inspecteur(s) Darlene Murphy (#103)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a critical incident inspection related to a physical altercation between two residents.		
During the course of the inspection, the inspector spoke with the Director of Care, Personal support workers, Registered Practical Nurses and Restorative Care aides.		
During the course of the inspection, the inspector reviewed the health care records of both residents.		
The following Inspection Protocol was used in part or in whole during this inspection:		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		
<input type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		



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Long-Term Care

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des Soins de longue durée

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Rapport
d'inspection prévue
le *Loi de 2007 les
foyers de soins de
longue durée*

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). <i>December 14, 2010 Darlene Murphy</i>