



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

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Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
Date(s) of inspection/Date de l'inspection August 30, 2010		Inspection No/ d'inspection 2010_142_2879_30Au g085802	Type of Inspection/Genre d'inspection Critical Incident Log # 352
Licensee/Titulaire Specialty Care Ottawa Inc., 400 Applewood Crescent, Suite 110, Vaughan, ON L4K 0C3 Fax: 1-905-695-2940			
Long-Term Care Home/Foyer de soins de longue durée Specialty Care Granite Ridge, 5501 Abbott Street East, Stittsville, ON K2S 2C5, Fax: 613-831-5701			
Name of Inspector/Nom de l'inspecteur Janet McParland (#142)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a follow-up to a critical incident related to misappropriation of medication.</p> <p>During the course of the inspection, the inspector(s) spoke with the Administrator, two Assistant Director of Cares, and Registered staff.</p> <p>During the course of the inspection, the inspector reviewed the resident's health record, narcotic count sheets and the Home's policy for narcotic counts.</p> <p>The following Inspection Protocols were used during this inspection: Medication Inspection Protocol</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>			

Signature of Licensee of Designated Representative 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>Janet McParland</i>
Title:	Date:
Date of Report (if different from date(s) of inspection). <i>Nov 30, 2010</i>	