



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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton, ON L8P 4Y7

Telephone: 905-546-8294
Facsimilie: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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 24, 2010		Inspection No/ d'inspection 2010_150_8569_24Aug082420	Type of Inspection/Genre d'inspection Mandatory Report Critical Incident – Log # 0-000443
Licensee/Titulaire St Patrick's Home of Ottawa Inc., 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
Long-Term Care Home/Foyer de soins de longue durée St Patrick's Home, 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
Name of Inspector(s)/Nom de l'inspecteur(s) Carole Baril (ID# 150) / Paula MacDonald (ID# 138)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspectors spoke with: The members of the management team including the Vice President of Resident's Care, Director of Care, RAI coordinator, registered nursing staff and non-registered staff.</p> <p>During the course of the inspection, the inspectors: Reviewed the resident's health records, the home's policies and procedures related to abuse, interviewed staffs and observed the resident's activities.</p> <p>The following Inspection Protocol was used during this inspection: Responsive Behaviours.</p> <p>There are no findings of non-compliance as the 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.	
Title:		Date of Report (if different from date(s) of inspection). <i>October 20, 2010</i>	