



**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

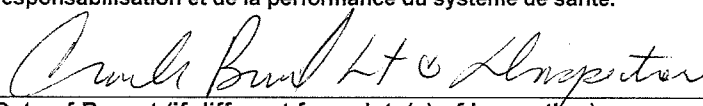
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<b>Inspection Report under the LTC Homes Act, 2007</b> <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		<b>Rapport d'inspection prévue de le Loi de 2007 les foyers de soins de longue durée</b> <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
<b>Date(s) of inspection/Date de l'inspection</b> August 24, 26, 2010		<b>Inspection No/ d'inspection</b> 2010_150_8569_24Aug105614	<b>Type of Inspection/Genre d'inspection</b> Complaint- Log # 0-142
<b>Licensee/Titulaire</b> St Patrick's Home of Ottawa Inc., 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> St Patrick's Home, 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
<b>Name of Inspector/Nom de l'inspecteur</b> Carole Baril (ID# 150)			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection related to care and services of an identified resident.  During the course of the inspection, the inspectors spoke with: The members of the management team including the Vice President of Resident Care, Director of Care, registered staff and personal care worker.  During the course of the inspection, the inspector: Reviewed the resident's health records, interviewed staff, interviewed and observed the resident's activities.  The following Inspection Protocols were used during this inspection: Pain Inspection Protocol and the Reporting and Complaint Inspection Protocol.  There are no findings of non-compliance as the result of this inspection.			

<b>Signature of Licensee of Designated Representative</b> <b>Signature du Titulaire du représentant désigné</b>	<b>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.</b>  
<b>Title:</b>	<b>Date:</b>
<b>Date of Report (if different from date(s) of inspection).</b> November 3, 2010	