



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prévue 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**

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

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

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection August 26, 2010	Inspection No/ d'inspection 2010_150_8569_26Aug103931	Type of Inspection/Genre d'inspection Complaint-Log # 0-000879
--	---	--

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)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: The members of the management team including the Vice President of Resident Care, Director of Care, Manager of Maintenance, registered nursing staff, non-registered staff and the resident.

During the course of the inspection, the inspector: Reviewed the resident's health records, reviewed maintenance policies and procedures of equipments, interviewed staff, monitored call bell response time and observed the resident's activities.

The following Inspection Protocol was used during this inspection:
Accommodation Services – maintenance Inspection Protocol and adhoc notes.

There are no findings of Non-Compliance as a result of this inspection.

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 of Report: (if different from date(s) of inspection).
	October 21, 2010