



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

**Rapport d'inspection
prévues 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

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection September 16 and 17, 2010	Inspection No/ d'inspection 2010_138_8569_15Sep125800	Type of Inspection/Genre d'inspection Follow Up #O-001490
Licensee/Titulaire St Patrick's Home of Ottawa Inc, 2865 Riverside Drive, Ottawa, On K1V 8N5 Fax (613) 731-4056		
Long-Term Care Home/Foyer de soins de longue durée St Patrick's Home, 2865 Riverside Drive, Ottawa, On K1V 8N5, phone (613) 731-4660, Fax (613) 731-4056		
Name of Inspector(s)/Nom de l'inspecteur(s) Paula MacDonald (ID#138)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Follow Up inspection related to food production.</p> <p>During the course of the inspection, the inspector spoke with the home's executive director, manager of support service, food service supervisor, registered dietitian, and dietary aides.</p> <p>During the course of the inspection, the inspector observed a portion of a lunch and breakfast service on a unit and reviewed documentation related to menus and food production.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Food Quality Inspection Protocol.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p>		



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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criteria P1.27	unmet		May 4-6, 2009 February 10-12, 2010	

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.
<i>Penda Orfin Oct. 16/10</i>	<i>Paula MacDonnell</i> LTC Home Inspector - Dietary
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>Oct 15, 2010</i>