



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

**Rapport d'inspection
prévus 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
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Ottawa ON K1S 3J4

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**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
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Date(s) of inspection/Date de l'inspection November 9-10, 2010	Inspection No/ d'inspection 2010_143_891_10Nov082434	Type of Inspection/Genre d'inspection Complaint Log #O-001366
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Licensee/Titulaire
Revera Long Term Care, 55 Standish Court, 8th floor, Mississauga, Ontario L5R 4B2 Fax# 289-360-1201

Long-Term Care Home/Foyer de soins de longue durée
Hallowell House, 13628 Loyalist Parkway, Picton, Ontario K0K 2T0 Fax # 613-476-1566

Name of Inspector(s)/Nom de l'inspecteur(s)
Paul Miller (ID#143)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection related to resident to resident abuse and staff abuse.

During the course of the inspection, the inspector spoke with: Personal Support Workers, the Assistant Director of Nursing, the Program Manager and Registered Nurse and Registered Practical Nurse as well as a family member.

During the course of the inspection, the inspector reviewed resident health care record, reviewed 24 hour Nursing Reports, internal incident reports, reviewed abuse policies and procedures and observed care provided on Sunset Court.

The following Inspection Protocol was used during this inspection:
Prevention of Abuse and Neglect Inspection Protocol

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

Findings of Non-Compliance were found during this inspection.

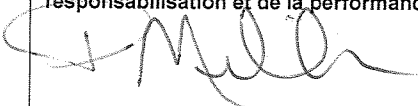


Ministry of Health and
Long-Term Care

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Term Care Homes
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le *Loi de 2007 les
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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.
		 Nov 19/10
Title:	Date:	Date of Report: (if different from date(s) of inspection).