



**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 September 9, 2010	Inspection No/ d'inspection 2010_103_891_08Sep173640	Type of Inspection/Genre d'inspection Other (Critical Incident #0891-000013-10) Log #O-000113
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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)
Darlene Murphy (ID#103)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection related to alleged resident abuse.

During the course of the inspection, the inspector spoke with: 5 Personal Support Workers, 1 resident and 1 family member, the Programs Manager and the Director of Care.

During the course of the inspection, the inspector reviewed one resident health care record.

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.



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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.	
		<i>Oct 4/10 Darlene Murphy (ID #103)</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	