



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

Rapport d'inspection prévu 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

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

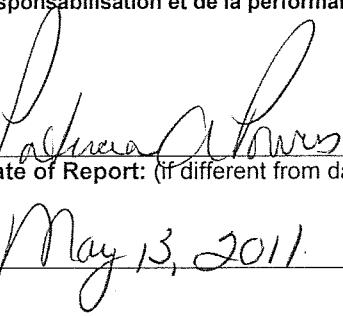
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Date(s) of inspection/Date de l'inspection April 29, 2011, May 1, 2011	Inspection No/ d'inspection 2011_157_9589_06May143641	Type of Inspection/Genre d'inspection Other Log #O-000372
Licensee/Titulaire The Corporation of the City of Kawartha Lakes, 26 Francis St., Lindsay, ON K9V 5R8		
Long-Term Care Home/Foyer de soins de longue durée Victoria Manor, 220 Angeline St. South, Lindsay, ON K9V 4R2		
Name of Inspector(s)/Nom de l'inspecteur(s) Pat Powers, #157		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct an inspection into a report received from the Administrator of the home advising that an investigation was in progress into an allegation of falsification of restraint documentation.</p> <p>During the course of the inspection, the inspector spoke with the Administrator, the Director of Care and three PSW's.</p> <p>During the course of the inspection, the inspector observed the monitoring and repositioning of residents with physical restraints, restraint documentation on the residents' clinical health records, the home's policy for Minimizing and Use of Restraints (VM NSG 067), the home's education records for the "Minimization of Restraints".</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>		

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:	Date of Report: (if different from date(s) of inspection). 