

Ontario

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

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 August 25 2010	Inspection No/ d'inspection 2010_188_2811_25Aug105354	Type of Inspection/Genre d'inspection Other (Critical Incident) Log # O-001137
Licensee/Titulaire The Glebe Centre Incorporated 950 Bank St Ottawa ON K1S 5G6 Fax: (613) 238-4759		
Long-Term Care Home/Foyer de soins de longue durée The Glebe Centre 950 Bank St Ottawa ON K1S 5G6 Fax: (613) 238-4759		
Name of Inspector(s)/Nom de l'inspecteur(s) Lyne Duchesne		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Critical Incident inspection related to the care and services provided to a resident.

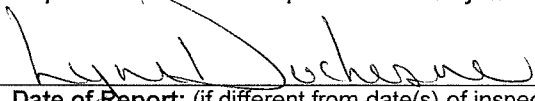
During the course of the inspection, the inspector spoke with the home's administrator, the assistant director of care, the director of resident services, the home's RAI MDS coordinator, the residential care unit's registered practical nurse for day and evening shift on August 25 2010, two health care aids staff working the day shift August 25 2010, two health care aids working the evening shift of August 25 2010 and to two residents.

During the course of the inspection, the inspector observed the resident's interaction with staff and other residents in the unit TV lounge, observed the August 25, 2010, lunch time meal service on the unit, examined the resident's room as well as reviewed the resident's health care record.

The following Inspection Protocol was used during this inspection:

- Falls Prevention

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</p>	<p>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.</p> 
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). September 24 2010</p> 