



**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

**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

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 March 23, 2011	Inspection No/ d'inspection 2011_126_951123mar112216	Type of Inspection/Genre d'inspection Complaint Log # O-002881
Licensee/Titulaire City of Ottawa 275 Perrier Street Ottawa, ON K1L 5C6 Fax: 613-746-5572		
Long-Term Care Home/Foyer de soins de longue durée Centre D'accueil Champlain 275 Perrier Street Ottawa, ON K1L 5C6 Fax: 613-746-5572		
Name of Inspector(s)/Nom de l'inspecteur(s) Linda Harkins #126		
Inspection Summary/Sommaire d'inspection		

The purpose of this inspection was to conduct an inspection related to a complaint.

During the course of the inspection, the inspector spoke with: the Director of Care, the Registered Nurse on the unit, the resident and the resident's daughter.

During the course of the inspection, the inspector reviewed the resident health record and observed the care provided to the resident.

The following Inspection Protocol was used in part or in whole during this inspection:
Personal support and services

No Findings of Non-Compliance was found during this inspection.



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

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>L. Harkness</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>May 9, 2011</i>