



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**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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Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|--------------------------------|--|
| Sep 1, 2015 | 2015_346133_0032 | O-001697-15, O-001699-15 | Follow up |

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST UNIT 12 PETERBOROUGH ON K9K 2M9

Long-Term Care Home/Foyer de soins de longue durée

FOREST HILL
6501 CAMPEAU DRIVE KANATA ON K2K 3E9

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

**This inspection was conducted on the following date(s): August 28th and 31st,
2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator
and the Maintenance Supervisor.**

**Over the course of the inspection, the inspector verified that the elevator used by
residents was equipped to restrict resident access to areas that are not to be
accessed by residents, such as the basement and the back entrance/exit area. As
well, at applicable doors, the inspector verified that the doors were equipped with
an audible door alarm that only allowed calls to be cancelled at the point of
activation, and that the alarm was connected to an audio visual enunciator that was
connected to the nurses' station nearest to the door.**

**The following Inspection Protocols were used during this inspection:
Safe and Secure Home**

During the course of this inspection, Non-Compliances were not issued.

0 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

**The following previously issued Order(s) were found to be in compliance at the
time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de
cette inspection:**



| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / DE L'INSPECTION | NO | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|---------------------------|------------------------------------|-----------------------------------|----|---------------------------------------|
| O.Reg 79/10 s. 10. (1) | CO #003 | 2015_346133_0004 | | 133 |
| O.Reg 79/10 s. 9. (1) | CO #001 | 2015_346133_0004 | | 133 |

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Legendé |
|---|--|
| WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order | WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités |
| Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). | Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. |
| The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |



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Issued on this 1st day of September, 2015

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.