



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

**Rapport d'inspection
prévus 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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 29-30, 2010	2010_124_9538_29Sep122925	Critical Incident-1017

Licensee/Titulaire
The Corporation of the County of Hastings, 76 Dundas Street West, P.O. Box 458, Belleville, ON, K8N 5B2
Fax: 613-771-2409

Long-Term Care Home/Foyer de soins de longue durée
Hastings Manor Home for the Aged, 476 Dundas Street West, P.O. Box 458, Belleville, ON K8N 5B2 Fax: 613-771-2409

Name of Inspector(s)/Nom de l'inspecteur(s)
Lynda Hamilton (124)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to a resident fall.

During the course of the inspection, the inspector spoke with the on-site Manager, Director of Care, Assistant Director of Care, one registered nurse, one registered practical nurse, one personal support worker and the resident.

During the course of the inspection, the inspector completed a walking tour of one home area, observed the resident in his/her room and in the sitting area adjacent to the nursing station, reviewed the resident's health record and reviewed the home's Resident Safety policies and procedures related to resident falls.

The following Inspection Protocol was used during this inspection:
Falls Prevention

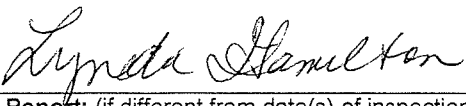
There are no findings of Non-Compliance as a result of this inspection.



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.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		Nov. 10/10	