



**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

Ottawa Service Area Office
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Ottawa ON K1S 3J4

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

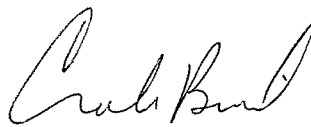
Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection February 8, 2011	Inspection No/ d'inspection 2011_150_2645_07Feb135541	Type of Inspection/Genre d'inspection Complaint – Log #002106
Licensee/Titulaire Hilltop Manor Nursing Home Limited, 82 Colonel By Crescent, Smith Falls, ON, K7A 5B6, Fax 613-269-3534		
Long-Term Care Home/Foyer de soins de longue durée Hilltop Manor Nursing Home, 1005 St. Lawrence Street, P.O. Box 430, Merrickville, ON, K0G 1N0, Fax 613-269-3534		
Name of Inspector(s)/Nom de l'inspecteur(s) Carole Baril (#150)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to care and services provided to an identified resident.</p> <p>During the course of the inspection, the inspector spoke with: Director of Care, Manager of Maintenance Services, registered practical nurse, personal support worker.</p> <p>During the course of the inspection, the inspector interviewed staff listed above, reviewed the resident's health care records, reviewed the maintenance repair records and observed the resident's activities.</p> <p>The following Inspection Protocols were used during this inspection: Personal Support Services</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). <i>February 28, 2011</i>