



**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

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**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

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<b>Date(s) of inspection/Date de l'inspection</b> March 3, 2011	<b>Inspection No/ d'inspection</b> 2011_150_2645_03Mar201831 2011_117_2645_03Mar162432	<b>Type of Inspection/Genre d'inspection</b> Complaint – Log #000357
<b>Licensee/Titulaire</b> Hilltop Manor Nursing Home Limited, 82 Colonel By Crescent, Smith Falls, ON, K7A 5B6, Fax 613-269-3534		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Hilltop Manor Nursing Home, 1005 St. Lawrence Street, P.O. Box 430, Merrickville, ON, K0G 1N0, Fax 613-269-3534		
<b>Name of Inspectors/Nom des inspecteurs</b> Carole Baril (#150) Lyne Duchesne (#117)		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to retaliation (Section 26 of the Long Term Care Homes Act, 2007).

During the course of the inspection, the inspectors spoke with the identified resident's Attorney for Personal Care, the home's Administrator, the Director of Care, the attending Physician, a Registered Nurse and a Registered Practical Nurse.

During the course of the inspection, the inspectors reviewed the identified resident's health care record.

The following Inspection Protocol was used during this inspection:

- Prevention of Abuse, Neglect and Retaliation

There were no findings of Non-Compliance found during this inspection.

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné	<b>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.</b>
<b>Title:</b>	<b>Date of Report: (if different from date(s) of inspection).</b>
<b>Date:</b>	

*Carole Baril Lyne Duchesne*  
*May 11, 2011*