



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

**Rapport d'inspection
précédé par la *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
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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	November 3, 2010	Inspection No/ d'inspection 2010_150_8569_03Nov 110130	Type of Inspection/Genre d'inspection Complaint– Log # 0-001169
Licensee/Titulaire St Patrick's Home of Ottawa Inc., 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
Long-Term Care Home/Foyer de soins de longue durée St Patrick's Home, 2865 Riverside Drive, Ottawa, Ontario, K1V 8N5, Fax 613-731-4056			
Name of Inspector(s)/Nom de l'inspecteur(s) Carole Baril (ID# 150)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection related to care and services provided to an identified resident.			
During the course of the inspection, the inspectors spoke with: The members of the management team including the Director of Care and registered nursing staff.			
During the course of the inspection, the inspector: Reviewed the resident's health records, interviewed the Director of Care.			
The following Inspection Protocol was used during this inspection: Pain Inspection Protocol - Notes			
Findings of Non-Compliance were found during this inspection. The following action was taken:			
1WN			



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Rapport
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le Loi de 2007 les
foyers de soins de
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NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the Long Term Care Homes Program Manual Standards and Criteria.

Criterion B3.45: Each resident who experiences pain/discomfort shall receive care to manage the pain/discomfort.

Findings:

1. An identified resident was expressing pain upon her re-admission from the hospital on May 5, 2008 and did not receive pain medication to meet the resident's comfort level due to a 10-12 hour delay in the follow-up to the emergency physician suggested pain management medical orders.
2. An identified resident was expressing pain upon her re-admission from the hospital on October 23, 2009 and did not receive pain medication to meet the resident's comfort level due to a 10-12 hour delay in the follow-up to the emergency physician suggested pain management medical orders.

Inspector ID #: 150

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.

Craig Bond LTC Inspector

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

November 26, 2010