



**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

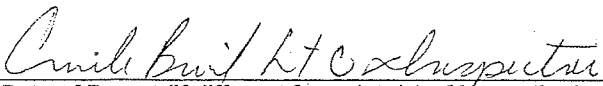
Hamilton Service Area Office  
 119 King Street West, 11<sup>th</sup> Floor  
 Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton  
 119, rue King Ouest, 11<sup>ème</sup> étage  
 Hamilton, ON L8P 4Y7

Telephone: 905-546-8294  
 Facsimile: 905-546-8255

Téléphone: 905-546-8294  
 Télécopieur: 905-546-8255

Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
Date(s) of inspection/Date de l'inspection November 3, 2010		Inspection No/ d'inspection 2010_150_8569_03N0 v092859	Type of Inspection/Genre d'inspection Complaint- Log # 0-001672
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/Nom de l'inspecteur Carole Baril (ID# 150)			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection related to care and services of 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 staff.  The following Inspection Protocol was used during this inspection: Personal Support Services Inspection Protocol  There are no findings of non-compliance as the result of this inspection.			

Signature of Licensee of Designated Representative 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 of Report (if different from date(s) of inspection). November 3, 2010.