



**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
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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
March 24, 2011	2011_103_2681_17Mar145759	Follow up Log #O-000482

Licensee/Titulaire
Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. As General Partner, 1840 Lansdowne Street West, Unit 12, Peterborough, Ontario K9K 2M9 Fax #1-705-742-9197

Long-Term Care Home/Foyer de soins de longue durée
The Village Green Nursing Home, 166 Pleasant Drive, P.O. Box 94, Selby, ON K0K 2Z0 Fax #1-613-388-2694

Name of Inspector(s)/Nom de l'inspecteur(s)
Darlene Murphy (#103)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection to ensure corrected compliance with Order # 001 of inspection number 2011_126_2681_01Feb090030 faxed to licensee on February 9, 2011.

During the course of the inspection, the inspector spoke with the Director of Care and residents.

During the course of the inspection, the inspector assessed the application of six resident restraints.

The following Inspection Protocol was used during this inspection:
Minimizing of Restraining

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s.110	Compliance Order	001	2011_126_2681_01Feb090030	103

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: _____	<i>Mar 29/11 Darlene Murphy</i> Date of Report: (if different from date(s) of inspection).