



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

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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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
August 25, 2010	2010-155-8522-25Aug114203	Complaint (L-00347)	
Licensee/Titulaire The Governing Council of the Salvation Army in Canada, 369 Frederick Street, Kitchener, ON N2H 2P1			
Long-Term Care Home/Foyer de soins de longue durée A R Goudie Eventide Home, 369 Frederick Street, Kitchener, ON N2H 2P1			
Name of Inspector(s)/Nom de l'inspecteur(s) Sharon Perry #155			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection.			
During the course of the inspection, the inspector spoke with: Nuzhat Uddin, DOC; Anabela Henriques, ADOC; Marilyn Seabrook, RPN; Karen Liphard, Recreation Therapist; Rincy Thomas, RN; PSWs and Resident.			
During the course of the inspection, the inspector reviewed clinical records and observed interactions between staff and residents.			
The following Inspection Protocols were used in part or in whole during this inspection: Dignity, Choice and Privacy Responsive Behaviours Medication			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection. <input type="checkbox"/> Findings of Non-Compliance were found during this inspection.			



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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). August 31, 2010