



**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

London Service Area Office
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London ON N6B 1R8

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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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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 29, 2010	2010-145-2748-29Sep-082643	CIS L-00980

Licensee/Titulaire
Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue, Woodstock, Ontario N4S 3V9

Long-Term Care Home/Foyer de soins de longue durée
Caressant Care Arthur Nursing Home
215 Eliza Street, P.O. Box 700, Arthur, Ontario N0G 1A0

Name of Inspector(s)/Nom de l'inspecteur(s)

Karin Mussart, #145

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection with respect to a resident getting out of the building, while there was a problem with the door alarms.

During the course of the inspection, the inspector spoke with: The Director of Care, and Maintenance.

During the course of the inspection, the inspector: Viewed the fire panel; checked that the doors were arming/disarming, and noted the time delay between the door opening and the alarm going off.

The following Inspection Protocols were used during this inspection: Safe and Secure Home.

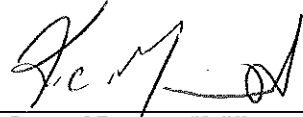
There are no findings of Non-Compliance as a result of this inspection.



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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). 