



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

**Rapport d'inspection
prevue 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
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Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

		Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'insptection	
August 12, 2010	2010_102_2701_10Au g143846	Complaint Log # 0-000169	
Licensee/Titulaire			
Caessant Care Nursing and Retirement Homes Limited 264 Norwich Ave., Woodstock, Ontario N4S 3V9 Fax # 519 539 9601 Long-Term Care Home/Foyer de soins de longue durée			
Caessant Care Lindsay Nursing Home 240 Mary St W., Lindsay, Ontario K9V 5K5 Fax #705 328 3283			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Wendy Berry (102)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: the administrator, Director of Care, Environmental Services Supervisor, Housekeeper, resident.</p> <p>During the course of the inspection, the inspector(s): toured the older section of the home; reviewed the operation of the ventilation system and its components; checked the system's operation.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Accommodation Services-Maintenance.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>			



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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 of Report (if different from date(s) of inspection). <i>October 5, 2010</i>	