



**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
conformité

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		<input type="checkbox"/> 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'inspection
September 24, 2010	2010_157_2639_14Sep142942	Complaint Log O-001183	

Licensee/Titulaire

Community Lifecare Inc., 1955 Valley Farm Road, 3rd Floor, Pickering, ON L1V 1X6 Fax: (905)831-1801

Long-Term Care Home/Foyer de soins de longue durée

Community Nursing Home Port Hope, 20 Hope Street South, Port Hope, ON L9L 1N5 Fax: (905)885-6368

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

Pat Powers, #157

Inspection Summary/Sommaire d'inspection

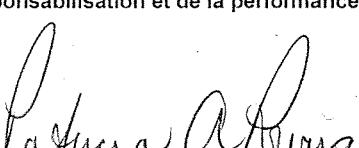
The purpose of this inspection was to conduct a complaint inspection related to the care and services provided to a resident of the home.

During the course of the inspection, the inspectors spoke with the Administrator, the Director of Care, one Registered Nurse (RN) and the resident.

During the course of the inspection, the inspector observed the resident's clinical health record and the resident's room.

The following Inspection Protocol was used during this inspection:
Falls Prevention

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

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).

November 19, 2010