



**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
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

**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

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

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
November 2, 2010	2010_191_907_01Nov094546	Critical Incident 0907-000025-10 L-01437

Licensee/Titulaire
Omni Healthcare Limited Partnership, 161 Bay Street, Suite 2430 TD Canada Trust Tower, Toronto ON M5J 2S1

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

Country Terrace, 10072 Oxbow Drive, R.R. #3, Komoka ON N0L 1R0

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

Kim White #191

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to a resident fall requiring transfer to hospital for assessment of injuries.

During the course of the inspection, the Inspector spoke with: The Director of Care, Personal Support Worker, and the resident.

During the course of the inspection, the inspector: held interviews, reviewed the resident file and reviewed facility policy and procedures.

The following Inspection Protocols were used in part or in whole during this inspection:
Falls Prevention.

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




Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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 2, 2010