



**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 responsabilité et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection November 30, 2010	Inspection No/ d'inspection 2010_112_907_30Nov083206	Type of Inspection/Genre d'inspection Critical Incident L-01789
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Licensee/Titulaire
Omni Healthcare (Country Terrace) Limited Partnership on behalf of Omni Healthcare (CT) GPCO Ltd. as
General Partner, 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, RR#3 Komoka, NOL 1R0

Name of Inspector/Nom de l'inspecteur
Carole Alexander #112

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection relating to alleged abuse.

During the course of the inspection, the inspector spoke with: the Director of Care, a Registered Nurse, 2
Personal Support Workers and 2 residents.

During the course of the inspection, the inspector: reviewed resident's health record, progress notes and care
plan. Reviewed management's critical incident submission and their investigation. Observed resident to
resident interactions.

The following Inspection Protocols were used in part or in whole during this inspection:
Responsive Behaviours

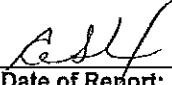
There are no findings of Non-Compliance as a result of this inspection.



Ministry of Health and
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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: December 03, 2010