



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

**Rapport d'inspection
prévus 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^{ième} 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
Télécoleur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 12, 2010	Inspection No/ d'inspection 2010_115_2576_12Oct113657	Type of Inspection/Genre d'inspection Critical Incident L-01327
---	---	--

Licensee/Titulaire
Grosvenor Health Care Partnership, 150 Water Street South, Cambridge, ON., N1R 3E2

Long-Term Care Home/Foyer de soins de longue durée
Country Village H.C.C. 440 County Road 8, R. R. #2, Woodslee, ON., N0R 1V0

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly #115

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, 1 RPN, 1 resident.

During the course of the inspection, the inspector: reviewed the critical incident report and the clinical record of 1 resident.

The following Inspection Protocols were used in part or in whole during this inspection:
Dignity, Choice and Privacy Inspection Protocol

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

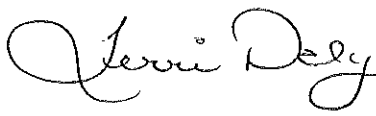


Ministry of Health and
Long-Term Care

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*

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> 
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). October 27, 2010</p>