



**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^{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

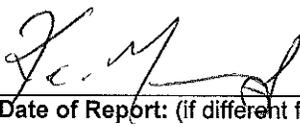
Telephone: 519-675-7680
Facsimile: 519-675-7685

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 11, 2011	2011-145-2622-10May182526	Critical Incident L-000657
Licensee/Titulaire		
Craigviel Gardens 221 Main Street, R. R. #1, Ailsa Craig, ON N0M 1A0		
Long-Term Care Home/Foyer de soins de longue durée		
Craigholme 221 Main Street, Ailsa Craig, ON N0M 1A0		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Karin Mussart, #145		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Critical Incident inspection relating to maintenance.</p> <p>During the course of the inspection, the inspector spoke with: Director of Resident Care; Executive Director, and Environmental Services Manager.</p> <p>During the course of the inspection, the inspector: Toured the affected area.</p> <p>The following Inspection Protocols were used 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>		



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). May 24, 2011