



**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
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 18, 2011	2011-145-9514-18Mar092701	Complaint L-00068
Licensee/Titulaire The Corporation of the City of London c/o Dearness Home for Senior Citizens 710 Southdale Road East London, ON N6E 1R8		
Long-Term Care Home/Foyer de soins de longue durée Dearness Home for Senior Citizens 710 Southdale Road East London, ON N6E 1R8		
Name of Inspector/Nom de l'inspecteur Karin Mussart, #145		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection relating to leaking toilets and general cleaning.		
During the course of the inspection, the inspector spoke with: The Assistant Director of Care; the Environmental Services Manager; and the Complainant.		
During the course of the inspection, the inspector: Viewed the room that was the subject of the complaint; examined the servery areas; reviewed policy and procedures relating to housekeeping and maintenance; and reviewed temperatures taken in the home.		
The following Inspection Protocols were used during this inspection: Accommodation Services—Housekeeping and Maintenance.		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		

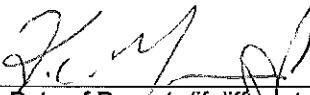


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: 	Date:  Date of Report: (if different from date(s) of inspection). April 12, 2011