



**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<sup>ième</sup> étage  
London ON N6B 1R8

**Ministère de la Santé et des Soins de  
longue durée**

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

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

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
<b>Date of inspection/Date de l'inspection</b> November 23, 2010	<b>Inspection No/ d'inspection</b> 2010_112_9514_23Nov094846	<b>Type of Inspection/Genre d'inspection</b> L-01672
<b>Licensee/Titulaire</b> The Corporation of the City of London, c/o Dearness Home for Senior Citizens, 710 Southdale Road E., London, ON N6E 1R8		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Dearness Home for Senior Citizens, 710 Southdale Road E., London, ON N6E 1R8		
<b>Name of Inspector/Nom de l'inspecteur</b> Carole Alexander #112		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct an inspection related to a letter of complaint received by the facility.</p> <p>During the course of the inspection, the inspector spoke with: the facility consultant, the administrator and a Registered Practical Nurse.</p> <p>During the course of the inspection, the inspector: reviewed the home's internal investigation, reviewed a resident's progress record and care plan.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services</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 of Report: November 26, 2010	