



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 conformité

**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***

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
September 28, 2010	2010-165-9516-20Sep14416	Critical Incident H01250	
Licensee/Titulaire			
Corporation of the County of Dufferin 151 Centre St Shelburne, ON LON 1S4			
Long-Term Care Home/Foyer de soins de longue durée			
Dufferin Oaks Home for Senior Citizens 151 Centre Street, Shelburne, ON LON 1S4			
Name of Inspector/Nom de l'inspecteur			
Tammy Szymanowski, Long Term Care Home Inspector #165			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: the administrator, the director of care, unit coordinator, and Registered Practical Nurse via telephone.</p> <p>During the course of the inspection, the inspector: reviewed a clinical record and reviewed policy #1-2100 of the homes nursing manual.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Hospitalization and Death Inspection Protocol</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>			

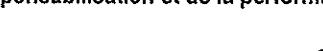
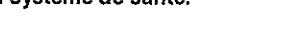


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation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