



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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Date(s) of inspection/Date de l'inspection November 12, 2010	Inspection No/ d'inspection 2010_121_2513_12Nov145301	Type of Inspection/Genre d'Inspection Follow-up L-01726	
Licensee/Titulaire Provincial Nursing Home Ltd., Partnership, 1090 Morand St., Windsor, ON N9G 1J6			
Long-Term Care Home/Foyer de soins de longue durée Errinrung Nursing Home, 67 Bruce St., P.O. Box 69, Thornbury, ON N0H 2P0			
Name of Inspector(s)/Nom de l'inspecteur(s) Elizabeth Elvidge (#121)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a follow-up inspection related to 24/7 RN staffing.			
During the course of the inspection, the inspector spoke with: The Administrator and the Director of Care.			
During the course of the inspection, the inspector: Reviewed the Registered staff timesheet.			
The following Inspection Protocols were used in part or in whole during this inspection: Sufficient Staffing			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			
Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.			



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CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
C1.6, LTC Homes Program Manual, now found in LTCHA, 2007, S.O. 2007 c. 8, s.? Or O. Reg. 79/10, s.8.(3)	Unmet criteria	N/A	N/A	N/A

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).
December 1, 2010