



**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

Ottawa Service Area Office  
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**Ministère de la Santé et des Soins de  
longue durée**

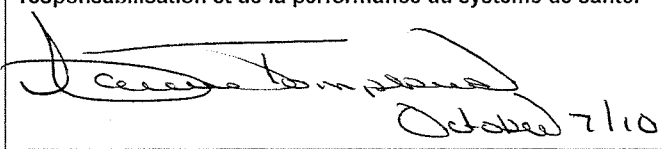
Division de la responsabilisation et de la performance du  
système de santé  
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<b>Date(s) of inspection/Date de l'inspection</b> August 25 2010	<b>Inspection No/ d'inspection</b> 2010_166_9522_25Aug093804	<b>Type of Inspection/Genre d'inspection</b> Critical Incident -log # O-000444 Critical incident -log # O-000131
<b>Licensee/Titulaire</b> Regional Municipality of Durham, 605 Rossland Road East, Whitby, ON L1N 6A3		905-668-7711
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Fairview Lodge, 632 Dundas Street West, P.O. Box 300 Whitby On L1N 5S3		905-668-5851 Fax-905-668-8943
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Caroline Tompkins #166		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct an inspection into two critical incidents for one resident related to falls, causing injury and the management of pain due to those injuries.</p> <p>During the course of the inspection, the inspector spoke with the clinical coordinator who is a registered nurse, two registered nursing staff, two personal support workers, the physio therapy assistant and the resident.</p> <p>During the course of the inspection, the inspector reviewed the resident's written plan of care, observed the resident mobilize around the home area and reviewed the critical incident documentation and the management of treatments related to the incident.</p> <p>The following Inspection Protocols were used during this inspection: Pain Inspection Protocol and Falls Inspection Protocol.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>		

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné	<b>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.</b>  October 7/10
<b>Title:</b>	<b>Date:</b>
<b>Date of Report: (if different from date(s) of inspection).</b>	