



**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
conformité

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

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

Bureau régional de services de London
291, rue King, 4^e étage
London ON N6B 1R8

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

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|---|--|---|--|
| Date(s) of inspection/Date de l'inspection August 25, 2010 | Inspection No/ d'inspection 2010_121_9526_25Aug194737 | Type of Inspection/Genre d'inspection Critical Incident L-00311 | |
| Licensee/Titulaire Corporation of the County of Bruce, 671 Frank St., Wiarton, ON N0H 2T0 | | | |
| Long-Term Care Home/Foyer de soins de longue durée Gateway Haven, 671 Frank St., Wiarton, ON N0H 2T0 | | | |
| 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 Critical Incident inspection relating to a resident fall. | | | |
| During the course of the inspection, the inspector spoke with: The Administrator, the Director of Care, the Assistant Director of Care and the RAI Coordinator. | | | |
| During the course of the inspection, the inspector: observed the 2 residents involved in the incident, reviewed the plan of care, Progress Notes and the assessments. | | | |
| The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention and Management Program | | | |
| <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). |
| | October 1, 2010 |