



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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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b> February 23, 2011	<b>Inspection No/ d'inspection</b> 2011_113_9527_23Feb105708	<b>Type of Inspection/Genre d'inspection</b> Complaint – Log # T2774 Log # T321
<b>Licensee/Titulaire</b> The Corporation of the County of Simcoe, 1110 Highway 26, Midhurst, ON L0L 1X0		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Georgian Manor, 7 Harriet Street, Penetanguishene, ON L9M 1K8		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Jane Carruthers - #113		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection with regards to heat.</p> <p>During the course of the inspection, the inspectors spoke with: The Administrator, a maintenance employee, Environmental Service Manager, and a Resident.</p> <p>During the course of the inspection, the inspector: conducted a walk through of all Resident Home Areas, took air temperatures and looked at air temperature documentation provided by the Home.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Safe and Secure Home</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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<b>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</b>		<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>
<b>Title:</b>	<b>Date:</b>	<b>Date of Report:</b> (if different from date(s) of inspection). <i>March 11, 2011</i>