



**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
Date(s) of inspection/Date de l'inspection	Inspection No/ d'Inspection	Type of Inspection/Genre d'inspection	
December 7, 2010	2010_115_2898_07Dec114306	Complaint L-01701	
<b>Licensee/Titulaire:</b> S & R Nursing Homes Ltd., 265 North Front Street, Suite 200, Sarnia, ON., N7T 7X1			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Heron Terrace, 11550 McNorton Street, Windsor, ON N8P 1T9			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>			
Terri Daly #115			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection.			
During the course of the inspection, the inspector spoke with: Administrator, Manager of Resident Care, 1 PRN, 2 PSW's, 1 housekeeping aide and 1 resident.			
During the course of the inspection, the inspector: toured the resident room, reviewed resident's clinical records, reviewed Lost Laundry Policy.			
The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services Inspection Protocol Accommodation Services - Laundry Inspection Protocol			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			

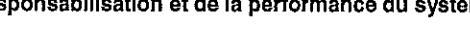


## **Ministry of Health and Long-Term Care**

## **Ministère de la Santé et des Soins de longue durée**

# **Inspection Report under the Lon Term Care Homes Act, 2007**

# Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

<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).  December 10, 2010