



**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 September 14, 2010	Inspection No/ d'inspection 2010_105_2729_14sep092540	Type of Inspection/Genre d'inspection Compliant L-00441

**Licensee/Titulaire**  
Sharon Farms & Enterprises Ltd. 1340 Huron St. London ON N5V 3R3

**Long-Term Care Home/Foyer de soins de longue durée**  
Kensington Village 1340 Huron St. London ON N5V 3R3

**Name of Inspector/Nom de l'inspecteur(s)**  
June Osborn #105

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the Assistant Administrator, the assistant DOC, the RAI coordinator, the charge RN, 2 PSWs, Director of environmental services and the maintenance man.

During the course of the inspection, the inspector observed the resident, the resident's call bell system, reviewed the resident's medical record, and reviewed the minutes of the resident care conference.

The following Inspection Protocols were used in part or in whole during this inspection: Dignity, Choice and Privacy.

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**

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

<b>Signature of Licensee or Representative of Licensee</b> <b>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).
	September 17, 2010