



**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

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

Bureau régional de services de London  
291, rue King, 4<sup>ième</sup> étage  
London ON N6B 1R8

**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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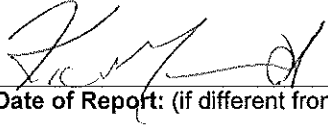
<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
<b>Date of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
February 16, 2011	2011-145-2726-16Feb141414	Complaint L-00019 & L-00112
<b>Licensee/Titulaire</b>		
Kingsway Nursing Homes Limited 310 Queen Street East St. Marys, ON N4X 1C8		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Kingsway Lodge Nursing Home 310 Queen St. E. St. Marys, ON N4X 1C8		
<b>Name of Inspector/Nom de l'inspecteur</b>		
Karin Mussart, #145		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection related to concerns with temperature.</p> <p>During the course of the inspection, the inspector spoke with the Administrator.</p> <p>During the course of the inspection, the inspector reviewed the temperature logs for Nov-Dec. 2010 and January-February 2011; took temperatures.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> <li>• Safe and Secure Home</li> </ul> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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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).
		Feb.22/2011