



**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>ème</sup> étage  
London ON N6B 1R8

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

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

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

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 20, 2010	2010_191_8532_20Dec095822	Complaint L-01847

**Licensee/Titulaire**  
Knollcrest Lodge Limited, 50 William Street, Milverton ON N0K 1M0

**Long-Term Care Home/Foyer de soins de longue durée**  
Knollcrest Lodge, 50 William Street, Milverton ON N0K 1M0

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Kim White #191

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct an inspection after the sudden death of a resident during an outbreak period at the facility.


During the course of the inspection, the inspector spoke with: The Administrator, Director of Care and Physician.

During the course of the inspection, the inspector: reviewed the resident chart.

The following Inspection Protocols were used in part or in whole during this inspection: None.

There are no findings of Non-Compliance as a result of this inspection.



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).  December 24, 2010