



**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
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London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} 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
conformité

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Date(s) of inspection/Date de l'inspection Mar. 14 & 15, 2011	Inspection No/ d'inspection 2011_121_9540_16Mar111434 2011_135_9549_14Mar125616	Type of Inspection/Genre d'inspection Complaint L-00225
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Licensee/Titulaire
Corporation of the County of Grey 595 9th Avenue East Owen Sound Ontario, N4K 3E3

Long-Term Care Home/Foyer de soins de longue durée

Lee Manor Home, 875 6th St. East Owen Sound ,Ontario N4K 5W5

Name of Inspector(s)/Nom de l'inspecteur(s)
Bonnie MacDonald #135
Elizabeth Elvidge #121

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint review related to dietary issues and care needs being met. .

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care, Assistant director of Care, Food Services Manager, Dietitian, Registered Nursing staff, Dietary staff, and Residents.

During the course of the inspection, the inspectors observed meal service, snack service, staffing patterns and mechanical lift protocols.

The following Inspection Protocols were used in part or in whole during this inspection:

Dining Observations
Snack Observation

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

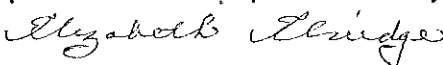


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title:	Date:	Date of Report: (If different from date(s) of inspection). March 16, 2011