



**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  
conformité

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

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

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

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

			<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b> June 15, 2011	<b>Inspection No/ d'inspection</b> 2011_155_9549_15Jun115248	<b>Type of Inspection/Genre d'inspection</b> L-000741 Complaint		
<b>Licensee/Titulaire</b> Corporation of the County of Grey, 595 9 <sup>th</sup> Avenue East, Owen Sound, ON N4K 3E3				
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Lee Manor Home, 875 Sixth Street East, Owen Sound, ON N4K 5W5				
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Sharon Perry #155				
<b>Inspection Summary/Sommaire d'inspection</b>				
The purpose of this inspection was to conduct a complaint inspection regarding resident care.				
During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Assistant Director of Care, Medical Director, Nutrition Manager, and Personal Support Workers.				
During the course of the inspection, the inspector: toured a resident care area and reviewed an identified resident's clinical records.				
The following Inspection Protocols were used during this inspection: Hospitalization and Death				
<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 *Long-  
Term Care Homes  
Act, 2007***

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

**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.**

A handwritten signature in black ink that reads "Sharon Perry".

**Title:** **Date:**

**Date of Report:** (if different from date(s) of inspection).

June 22, 2011