



**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^{iem} 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

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

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

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
October 25, 2010	2010_112_2093_25Oct090927	Critical Incident Log# L-01423

Licensee/Titulaire
Caressant-Care Nursing and Retirement Homes Limited

Long-Term Care Home/Foyer de soins de longue durée
The Maples Home for Seniors

Name of Inspector/Nom de l'inspecteur(s)
Carole Alexander #112

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident investigation related to neglect for resident care.

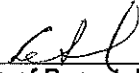
During the course of the inspection, the inspector spoke with: The Director of Care, a resident and a PSW

During the course of the inspection, the inspector, reviewed the following information:

- 1) Licensee's investigation into the alleged incident
- 2) The resident's progress notes
- 3) The resident's care plan
- 4) Licensee's critical incident submission

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse and Neglect

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: November 03, 2010