



**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
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Date of inspection/Date de l'inspection October 12, 2010 | Inspection No/ d'inspection 2010_105_2614_12Oct095116 | Type of Inspection/Genre d'inspection L-01369 Mandatory Report re: resident care | |
| Licensee/Titulaire peopleCare Inc.28 William St. N. P.O. Box 460 Tavistock ON N0B 2R0 | | | |
| Long-Term Care Home/Foyer de soins de longue durée peopleCare Tavistock 28 William St. N. P.O. Box 460 Tavistock ON N0B 2R0 | | | |
| Name of Inspector/Nom de l'inspecteur(s) June Osborn #105 | | | |
| Inspection Summary/Sommaire d'inspection | | | |
| The purpose of this inspection was to conduct a Mandatory Report inspection related to resident care. | | | |
| During the course of the inspection, the inspector spoke with 3 PSWs, the dietitian, the DOC, the ADOC, and the administrator. | | | |
| During the course of the inspection, the inspector observed the resident in his room and dining room, asked PSWs questions about training re: feeding residents, and diet information, reviewed events of the incident with the dietitian, reviewed investigation to date with the DOC and administrator, reviewed the resident record and the plan of care. | | | |
| <input checked="" type="checkbox"/> 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: October 14, 2010 |