



## 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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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
<b>Date of inspection/Date de l'inspection</b> June 02, 2011	<b>Inspection No/ d'inspection</b> 2011_172_933_02Jun102952	<b>Type of Inspection/Genre d'inspection</b> Complaint L00148
<b>Licensee/Titulaire</b> Provincial Nursing Home Limited Partnership , 1090 Morand Street, Windsor, ON N9G 1J6		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Queensway Nursing Home, Division of Provincial Nursing Home Limited Partnership, 100 Queen St. E. Hensall, ON N0M 1X0		
<b>Name of Inspector/Nom de l'inspecteur</b> Joan L. Woodley #172		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a Complaint inspection related to medical and nursing care.		
During the course of the inspection, the inspector spoke with: the Resident, the POA for Care for the Resident, the Administrator.		
During the course of the inspection, the inspector: reviewed the health care record, and observed lunch.		
The following Inspection Protocol was used: Continence Care and Bowel Management during this inspection:		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		

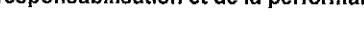


## **Ministry of Health and Long-Term Care**

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des Soins de longue durée**

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<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>	<b>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.</b>	
		
<b>Title:</b>	<b>Date:</b>	<b>Date of Report:</b>
		