



**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^{ième} 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 of inspection/Date de l'inspection May 12, 2011	Inspection No/ d'inspection 2011-145-933-12May114132	Type of Inspection/Genre d'inspection Complaint L-000538-11
--	--	---

Licensee/Titulaire
Provincial Nursing Home Limited Partnership
1090 Morand Street, Windsor, ON N9G 1J6

Long-Term Care Home/Foyer de soins de longue durée
Queensway Nursing Home, Division of Provincial Nursing Home Limited Partnership
100 Queen St. E. Hensall, ON N0M 1X0

Name of Inspector/Nom de l'inspecteur
Karin Mussart #145

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection relating to the Call Bell System.

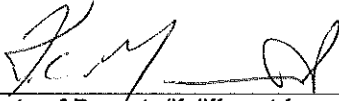
During the inspection, the inspector spoke with: The Administrator.

During the course of the inspection, the inspector: Toured home, specifically focusing on the call bell system annunciator located at the Nurses Station.

The following Inspection Protocols were used during this inspection: Safe and Secure Home.

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: (if different from date(s) of inspection). May 25, 2011