



**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 26, 2010	Inspection No/ d'inspection 2010_105_2597_26Oct095701	Type of Inspection/Genre d'inspection L-01360 Complaint	
Licensee/Titulaire Southampton Care Centre Inc. 698 Yonge St. Midland ON L4R 2E1			
Long-Term Care Home/Foyer de soins de longue durée Southampton Care Centre 140 Grey St. PO Box. 790 Southampton ON N0H 2L0			
Name of Inspector/Nom de l'inspecteur(s) June Osborn #105			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a complaint inspection related to responsive behaviour.</p> <p>During the course of the inspection, the inspector spoke with administrator, and a co-director of care and an RPN.</p> <p>During the course of the inspection, the inspector reviewed the medical record, the CI, policies and procedures re behaviours staff education related to behaviours, and had the RPN who worked the evening of the incident show me where it happened.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Responsive Behaviours.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>			



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

## **Ministère de la Santé et des Soins de longue durée**

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

<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> November 2, 2010