



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

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**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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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 22 2010	Inspection No/ d'inspection 2010_166_2413_22Sep110338	Type of Inspection/Genre d'inspection Complaint log# O-000060
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Licensee/Titulaire Omni Health Care Limited Partnership on behalf of 0760444 B.C.Ltd.as General Partner 1840 Landsdowne Street West Unit 12 Peterborough, ON K9K 2M9		
	705-748-6631	Fax 705-742-9197

Long-Term Care Home/Foyer de soins de longue durée Springdale Country Manor 2698 Clifford Line RR#5 Peterborough, ON K9J 6X6		
	705-742-8811	Fax 705-742-8812

Name of Inspector(s)/Nom de l'inspecteur(s) Caroline Tompkins #166
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Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: the resident, the acting Administrator, the acting Director of Care, a member of the registered nursing staff, a personal support worker, a member of the housekeeping staff and the resident's physician.

During the course of the inspection, the inspector: reviewed the resident's health records. progress notes. The resident's room and the home corridors were inspected.

The following Inspection Protocol was used during this inspection:
Dignity, Choice and Privacy

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). October 14 2010
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