



**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
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London ON N6B 1R8

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291, rue King, 4^{ème} 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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 5, 2010	2010_115_9579_05Oct111340	Complaint L-00617

Licensee/Titulaire
Cooperation of the County of Essex, 360 Fairview Ave. West, Essex, ON., N8M 1Y6

Long-Term Care Home/Foyer de soins de longue durée
Sun Parlor Home for Senior Citizens, 175 Talbot Street East, Leamington, ON., N8H 1L9

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly #115

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 Director of Care, Co-Director of Care, 1 RPN, 2 PSW's.

During the course of the inspection, the inspector: reviewed the clinical records of 3 residents.

The following Inspection Protocols were used in part or in whole during this inspection:
Responsive Behaviours Inspection Protocol

There are no findings of Non-Compliance as a result of this inspection.



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<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p><i>Kevin Daly</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). October 7, 2010</p>