



**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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**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 of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 28, 2011	2011-190-2939-28Feb104455	Critical Incident L-00195
Licensee/Titulaire		
Chartwell Master Care LP, 100 Milverton Drive, Suite 700, Mississauga, ON L5R 4H1		
Long-Term Care Home/Foyer de soins de longue durée		
The Royal Oak Long Term Care Centre, 1750 Division Road North, Kingsville, ON N9Y 4G7		
Name of Inspector/Nom de l'inspecteur		
Sandra Fysh #190		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a critical incident inspection related to an interaction between two residents.</p> <p>During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, a Registered Nurse, a Registered Practical Nurse, and 2 Personal Support Workers.</p> <p>During the course of the inspection, the inspector reviewed the clinical records of two residents, observed the rooms and common areas on the unit and observed interactions between residents on the unit.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Responsive Behaviours <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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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). <i>Andrew Lynn</i> <i>May 17, 2011</i>