



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**L'apport 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
conformité

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

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection October 22, 2010	Inspection No/ d'inspection 2010_150_9621_22Oct113705	Type of Inspection/Genre d'inspection Mandatory Report Critical Incident – Log#O-000603

Licensee/Titulaire

County of Renfrew, 9 International Drive, Pembroke, Ontario, K8A 6W5, Fax 613-735-2081

Long-Term Care Home/Foyer de soins de longue durée

Miramichi Lodge, 725 Pembroke Street West, Pembroke, Ontario, K8A 8S6, Fax 613-735-8061

Name of Inspector(s)/Nom de l'inspecteur(s)

Carole Baril (ID#150)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: The Director of Care, RAI coordinator, registered nursing staff and non-registered staff.

During the course of the inspection, the inspector: Reviewed the resident's health records, interviewed staffs and observed the resident's activities.

The following Inspection Protocol was used during this inspection:
Responsive Behaviours Inspection Protocol

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. <i>Carole Baril LTC Inspector</i>
Title: _____	Date: _____

Date of Report: (if different from date(s) of inspection).

November 3, 2010