



**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  
conformité

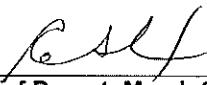
London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Bureau régional de services de London  
291, rue King, 41<sup>er</sup> étage  
London ON N6B 1R8

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection March 02, 2011	Inspection No/ d'inspection 2011_112_2965_02Mar094218	Type of Inspection/Genre d'inspection L-00222 Complaint	
<b>Licensee/Titulaire</b> Women's Christian Association of London 2022 Kains Rd. London ON N6A 0A8			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> McCormick HFA 2022 Kains Rd. London ON N6K 0A8			
<b>Name of Inspector/Nom de l'inspecteur</b> Carole Alexander #112			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a critical incident inspection related to allegations of resident abuse.			
During the course of the inspection, the inspector spoke with the Administrator, Resident and Substitute Decision Maker.			
During the course of the inspection, the inspector reviewed the resident's health record including progress record, care planning interventions and resident assessment information and observed resident care.			
The following Inspection Protocols were used in part or in whole during this inspection: Prevention of Abuse Neglect and Retaliation			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			

Signature of Licensee or Representative of Licensee Signature du Titulaire ou du représentant désigné	Signature of Health System Accountability and Performance Division représentative/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: March 09, 2011