



**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
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date of inspection/Date de l'inspection November 29, 2010	Inspection No/ d'inspection 2010_105_2965_29Nov095045	Type of Inspection/Genre d'inspection L-01705 Complaint
Licensee/Titulaire Women's Christian Association of London 2022 Kains Rd. London ON N6A 0A8		
Long-Term Care Home/Foyer de soins de longue durée McCormick HFA 2022 Kains Rd. London ON N6K 0A8		
Name of Inspector/Nom de l'inspecteur(s) June Osborn #105		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to meals and resident charges.</p> <p>During the course of the inspection, the inspector spoke with the administrator, an RPN, business office manager, 2 PSWs, and a family member.</p> <p>During the course of the inspection, the inspector reviewed the medical record and plan of care, reviewed the admission agreement and uninsured services agreement, observed an entire lunch in the Resident Home Area where the complainant's mother was a resident, and observed the supply of incontinent products.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Resident Charges</p> <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: November 30, 2010 