



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

**Rapport d'inspection
prévus 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

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Ottawa ON K1S 3J4

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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

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 28 and 29, 2011	2011-117-1160-28Mar113151	Complaint Log # O-000483

<p>Licensee/Titulaire</p> <p>Caressant Care Nursing and Retirement Homes Limited 264 Norwich Avenue Woodstock, ON N4S 3V9 Fax: 519-539-9601</p>
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<p>Long-Term Care Home/Foyer de soins de longue durée</p> <p>Caressant Care Bourget 2279 Laval Street PO. Box 99 Bourget, ON K0J 1E0</p>

<p>Name of Inspector(s)/Nom de l'inspecteur(s)</p> <p>Lyne Duchesne #117</p>

Inspection Summary/Sommaire d'inspection



The purpose of this inspection was to conduct a complaint inspection regarding the medication administration and care and services provided to residents on a resident care unit.

During the course of the inspection, the inspector spoke with the home's the Administrator, Director of Care, to a Registered Practical Nurse, to three Personal Support Workers and to eleven residents.

During the course of the inspection, the inspector reviewed five residents health care records as well as observed 1st floor and 2nd floor units residents evening care and bed time routines on March 28 2011.

The following Inspection Protocol was used during this inspection:

- Medication
- Personal Support and Services

No findings of Non-Compliance were found during 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. 
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). March 31, 2011