Ontario

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

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

☐ 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 21, 2011	2011_111_2701_01Mar095751	Complaint (Log#O-002272)

Licensee/Titulaire
Caressant-Care Nursing and Retirement Homes Limited,
264 Norwich Avenue,
Woodstock, ON N4S 3V9
Fax: 519-539-9601

Long-Term Care Home/Foyer de soins de longue durée
Caressant Care Lindsay Nursing Home,
240 Mary Street West,
Lindsay, ON K9V 6L1
Fax: 705-328-3283

Name of Inspector(s)/Nom de l'inspecteur(s)
Lynda Brown, (#111)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: Three registered nursing staff, one housekeeper, Director of Care and the Administrator.

During the course of the inspection, the inspector: Completed a walk throughout the home, reviewed residents health records, observed treatment carts and medical storage supply rooms.

The following Inspection Protocols were used during this inspection: Infection Prevention and Control

☒ 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. Lynda Brown
Title: Date:	Date of Report: (if different from date(s) of inspection). March 21, 2011