



**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, 4th 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 21, 2011	Inspection No/ d'inspection 2011_112_2730_21Mar090954	Type of Inspection/Genre d'inspection L00214 Critcal Incident	
Licensee/Titulaire Caressant-Care Nursing and Retirement Homes Limited, 264 Norwich Ave., Woodstock, ON N4S 3V9			
Long-Term Care Home/Foyer de soins de longue durée Caressant Care on Bonnie Place, 15 Bonnie Place, St Thomas, ON N5R 5T8			
Name of Inspector/Nom de l'inspecteur Carole Alexander #112			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a critical incident inspection related to improper care provisions during bathing.			
During the course of the inspection, the inspector spoke with the Director of Care and a resident.			
During the course of the inspection, the inspector reviewed the following information: critical incident, home's investigation, resident's clinical record including plan of care and related interventions.			
The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services			
<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 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:

[Signature]
Date of Report: March 22, 2011