



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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
November 9, 2010	2010_111_2693_23Nov120305	CIS (Log # O-001538)

Licensee/Titulaire
Community Lifecare Inc.,
1955 Valley Farm Road, 3rd Floor,
Pickering, ON L1V 1X6
Fax: 905-831-1802

Long-Term Care Home/Foyer de soins de longue durée
Community Nursing Home-Pickering,
1955 Valley Farm Road,
Pickering, ON L1V 3R6
Fax: 905-420-6030

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

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to a deceased resident. During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Registered Nurse on L unit, Registered Practical Nurse on L unit, Personal Support Workers on L unit. During the course of the inspection, the inspector reviewed the resident's health record.

The following Inspection Protocols were used during this inspection: falls Prevention

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 of Report: (if different from date(s) of inspection).
	<p><i>Lynda Brown</i></p> <p>Nov. 24/10</p>