



# 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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|--|-----------------------------|---------------------------------------|
| Date of inspection/Date de l'inspection  | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
| November 17, 2010  | 2010_112_2917_17Nov094142   | Critical Incident Log # L01669        |
| <b>Licensee/Titulaire</b><br>Devonshire Erin Mills Inc., 195 Dufferin Ave., Suite 800, London, ON N6A 1K7  |                             |                                       |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Lanark Heights Long Term Care Centre, Kitchener, ON N2N 2Z8   |                             |                                       |
| <b>Name of Inspector/Nom de l'inspecteur</b><br>Carole Alexander #112  |                             |                                       |
| <b>Inspection Summary/Sommaire d'inspection</b>  |                             |                                       |
| The purpose of this inspection was to conduct a critical incident inspection involving inadequate nursing and personal care service provisions   |                             |                                       |
| During the course of the inspection, the inspector spoke with: A practical registered staff member, a personal Support Worker, the Administrator and a resident.   |                             |                                       |
| During the course of the inspection, the inspector: Observed a resident's care provisions, reviewed a resident's progress record, care plan and interventions, and reviewed the home's internal investigation. |                             |                                       |
| The following Inspection Protocols were used in part or in whole during this inspection:<br>Personal Support Services  |                             |                                       |
| <input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.  |                             |                                       |



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|---|--|
| Signature of Licensee or Representative of Licensee<br>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: <i>CSH</i><br>Date of Report: November 19, 2010  |