



**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

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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Dec. 1, 2, 2010	2010_135_933_29Nov135947	L-01810-Dietary Follow Up
Licensee/Titulaire Provincial Nursing Home Limited Partnership, Windsor N9G 1J6		
Long-Term Care Home/Foyer de soins de longue durée Queensway Nursing Home, 100 Queen Street East, Hensall, Ontario N7T NX3		
Name of Inspector(s)/Nom de l'inspecteur(s) Bonnie MacDonald #135		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Dietary Follow-Up inspection in respect to the Long-Term Care Homes Program Manual Standards and Criteria previously identified as P1.22 issued January, 2009.

During the course of the inspection, the inspector spoke with: Administrator, Food Services Manager, Registered and non registered Nursing staff, Dietary staff, family members and Residents.
Lunch and dinner services were observed in unit and main dining room Dec. 1, 2010. Pm.

The following Inspection Protocols were used in part or in whole during this inspection:

- Food Quality
- Dining Observations

No Findings of Non-Compliance were found during this inspection.

Corrected Non-Compliance are listed in the section titled Corrected Non-Compliance



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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
P1.22 LTC. Homes Program Manual now found in O.Reg. 79/10, s.71(2) (a)	Unmet criterion		Dietary Follow up January 2009	135

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: _____	<i>Bonnie MacDonald</i> December 3, 2010 Date of Report: (if different from date(s) of inspection).