



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
révisé 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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Ottawa ON K1S 3J4

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**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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<b>Date(s) of inspection/Date de l'inspection</b> August 26 2010	<b>Inspection No/ d'inspection</b> 2010_166_2511_26 Aug2526	<b>Type of Inspection/Genre d'inspection</b> Critical Incident log # O-000315
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**Licensee/Titulaire**  
Provincial Nursing Homes Limited Partnership, 519-250-8715 Fax-519-966-3002  
1090 Morand Street,  
Windsor, ON  
N9G 1J6

**Long-Term Care Home/Foyer de soins de longue durée**  
Regency Manor Nursing Home ,Division of Provincial Nursing Homes Limited Partnership  
66 Dorset Street East,  
Port Hope, ON  
L1A 1E3      905-885-4558 Fax 905-885-7386

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Caroline Tompkins #166

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Critical Incident Inspection related to a fall causing injury. During the course of the inspection, the inspector spoke with the Director of Care, the Administrator, the Clinical Coordinator and a Personal Support Worker. The inspector reviewed the closed records of the resident involved in the fall.  
The following Inspection Protocol was used during this inspection:  
The Falls Inspection Protocol.  
There are no findings of Non-Compliance as a result of this inspection.

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné	<b>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.</b>
<b>Title:</b>	<b>Date:</b>
	<b>Date of Report: (if different from date(s) of inspection).</b> October 6/10