



**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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8

**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

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|---|---|---|
| Date(s) of inspection/Date de l'inspection February 3 and 4, 2011 | Inspection No/ d'inspection 2011-155-9570-03Feb114743 | Type of Inspection/Genre d'inspection L-00069 Complaint |
|---|---|---|

Licensee/Titulaire
Corporation of the County of Grey, 959 9th Ave East, Owen Sound N4K 3E3

Long-Term Care Home/Foyer de soins de longue durée
Rockwood Terrace Home for the Aged, 575 Saddler Street East, Durham N0G 1R0

Name of Inspector(s)/Nom de l'inspecteur(s)
Sharon Perry #155

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding resident care.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Practical Nurses, Personal Support Workers, and Resident.

During the course of the inspection, the inspector: reviewed resident's clinical record; reviewed annual mandatory training records for staff; observed staff interactions with residents; and did walk-through of resident living areas.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy

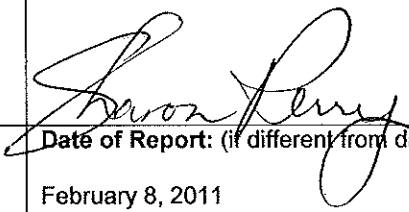
There are no findings of Non-Compliance as a result of this inspection.



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|---|--------------|---|--|
| 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: |  Date of Report: (if different from date(s) of inspection). February 8, 2011 | |