



**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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 5, 2010	2010_115_9579_05Oct111438	L-00782 Critical Incident

Licensee/Titulaire
Cooperation of the County of Essex, 360 Fairview Ave. West, Essex, ON., N8M 1Y6

Long-Term Care Home/Foyer de soins de longue durée
Sun Parlor Home for Senior Citizens, 175 Talbot Street East, Leamington, ON., N8H 1L9

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly #115

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with: The Director of Care, Co-Director of Care, 1 RPN, 1 PSW.

During the course of the inspection, the inspector: reviewed the critical incident, reviewed the clinical records of 2 residents.

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

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

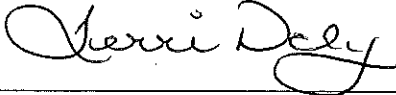


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). October 7, 2010