



**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^{ém} étage
London ON N6B 1R8

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

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 16, 2011	2011_112_9615_16Feb103454	Critical Incident L-00187
Licensee/Titulaire County of Oxford, 52 Venison St., West, Tillsonburg N4G 4V1		
Long-Term Care Home/Foyer de soins de longue durée Woodingford Lodge – Tillsonburg, 52 Venison St., West, Tillsonburg N4G 4V1		
Name of Inspector/Nom de l'inspecteur Carole Alexander #112		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to breakdown of mechanical lifts.

During the course of the inspection, the inspector spoke with the Assistant Manager of Operations.

During the course of the inspection, the inspector reviewed the critical incident and the home's related actions, reviewed the maintenance department equipment auditing tools and daily reporting log, lift manufacturer audit tool, nursing department lift auditing tool and the home's policy and procedure for reporting equipment breakdown.

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

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

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: February 23, 2011