



**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<sup>ème</sup> étage  
London ON N6B 1R8

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

Division de la responsabilisation et de la performance du  
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<b>Dates of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Sept. 16, 2010	2010_112_9626_16Sep104004	Log # L00837
<b>Licensee/Titulaire</b> The Corporation of the Municipality of Chatham-Kent 519 King Street West, Chatham ON N7M 1G8		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Riverview Gardens, 519 King Street West, Chatham, ON N7M 1G8		
<b>Name of Inspector/Nom de l'inspecteur</b> Carole Alexander Inspector #112		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: THE ADMINISTRATOR AND DIRECTOR OF CARE.</p> <p>During the course of the inspection, the inspector: Reviewed policies and procedures related to resident identification related to residents at risk due to wandering, resident supervision and attendance to programming. Door alarm system observed.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Safe and Secure Home Inspection</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		

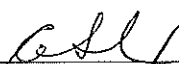
**NON-COMPLIANCE / (Non-respectés)**



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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.   Sept 24, 2010
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).