



**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

**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

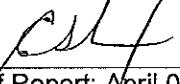
London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

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

Bureau régional de services de London
291, rue King, 4th étage
London ON N6B 1R8

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

			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection March 25, 2011	Inspection No/ d'inspection 2011_112_1030_25Mar080711	Type of Inspection/Genre d'inspection L-00482-11 Complaint	
Licensee/Titulaire Middlesex Terrace Limited, 284 Central Ave., London, ON N6B 2C8			
Long-Term Care Home/Foyer de soins de longue durée Middlesex Terrace, 2094 Gideon Drive, R.R. # 1 Delaware, ON N0L 1E0			
Name of Inspector(s)/Nom de l'inspecteur(s) Carole Alexander # 112			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Complaint inspection relating to lack of pain management and availability of pain medication.			
During the course of the inspection, the inspector spoke with the Director of Care, a Registered Practical Nurse and a Personal Support Worker.			
During the course of the inspection, the inspector reviewed the resident's clinical record including the plan of care along with interventions.			
The Inspection Protocol used in part or in whole during this inspection: Pain			
<input checked="" type="checkbox"/> 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: April 01, 2011	