



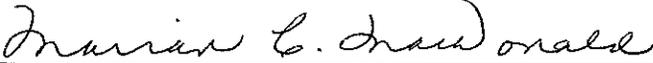
Hamilton Service Area Office  
 119 King Street West, 11<sup>th</sup> Floor  
 Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton  
 119, rue King Ouest, 11<sup>ième</sup> étage  
 Hamilton, ON L8P 4Y7

Telephone: 905-546-8294  
 Facsimile: 905-546-8255

Téléphone: 905-546-8294  
 Télécopieur: 905-546-8255

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| <b>Inspection Report under the LTC Homes Act, 2007</b><br><input checked="" type="checkbox"/> Public Copy<br><input type="checkbox"/> Licensee Copy                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b><br><input type="checkbox"/> Copie du Titulaire<br><input type="checkbox"/> Copie de la Publique |                                                                              |
| <b>Date(s) of inspection/Date de l'inspection</b><br>July 22, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Inspection No/ d'inspection</b><br>2010-137-907-21Jul41108                                                                                                                            | <b>Type of Inspection/Genre d'inspection</b><br>CI 0907-000014-10<br>L-00106 |
| <b>Licensee/Titulaire</b><br>Omni Healthcare Limited Partnership<br>161 Bay Street, Suite 2430, TD Canada Trust Tower<br>Toronto, ON<br>M5J 2S1                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                          |                                                                              |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Country Terrace<br>10072 Oxbow drive, R.R.# 3<br>Komoka, ON<br>N0L 1R0                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                          |                                                                              |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Marian C. Mac Donald - # 137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                          |                                                                              |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                          |                                                                              |
| The purpose of this inspection was to conduct a Critical Incident inspection.<br><br>The inspection was conducted by one inspector identified above..<br><br>The inspection occurred on July 22, 2010 with one inspector being present on that day.<br><br>During the course of the inspection, the inspector spoke with:<br>Administrator, Nursing Services Administration Manager and resident.<br><br>There were no Inspection Protocols used in part or in whole during this inspection:<br><br>No Findings of Non-Compliance were found during this inspection. |  |                                                                                                                                                                                          |                                                                              |

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|-------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Signature of Licensee of Designated Representative</b><br>Signature du Titulaire du représentant désigné |              | <b>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.</b> |  |
|                                                                                                             |              |                                                                                                                             |  |
| <b>Title:</b>                                                                                               | <b>Date:</b> | <b>Date of Report (if different from date(s) of inspection).</b><br>July 28, 2010                                                                                                                               |  |