



**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

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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection		
November 18, 2010	2010_112_9603_18Nov090638	Critical Incident Log # L01681		
Licensee/Titulaire The Corporation of the County of Elgin Municipal Homes, 1 Bobier Lane, Dutton, ON N0L 1J0				
Long-Term Care Home/Foyer de soins de longue durée Bobier Villa, 1 Bobier Lane, Dutton, ON N0L 1J0				
Name of Inspector/Nom de l'inspecteur Carole Alexander				
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, Administrator and 2 residents.				
During the course of the inspection, the inspector: Observed staff to resident interactions and reviewed the home's internal investigation.				
The following Inspection Protocols were used in part or in whole during this inspection: Prevention of Abuse and Neglect.				
<input checked="" type="checkbox"/> 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: November 19, 2010