

Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
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 Division de la responsabilisation et de la performance du
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 Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection January 19, 20, 2011	Inspection No/ d'inspection 2011_113_9573_19Jan132936 2011_113_9573_20Jan132234	Type of Inspection/Genre d'inspection Complaint – Log #T-3187 Follow up CIS – Log # T0624
Licensee/Titulaire Corporation of the County of Simcoe, 1110 Highway 26, Midhurst, ON L0L 1X0		
Long-Term Care Home/Foyer de soins de longue durée Simcoe Manor Home for the Aged, 5988 – 8 th Line, Main Street East, P.O. Box 100 Beeton, ON L0G 1A0		
Name of Inspector/Nom de l'inspecteur(s) Jane Carruthers - 113		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection with regards to the cleanliness of Resident clothing and equipment. A follow up inspection was done at the same time of a Mandatory Report/Critical Incident.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Director of Resident Care, Nurse Manager, Environmental Service Manager, and registered nursing staff.</p> <p>During the course of the inspection, the inspector: conducted a walk through all Resident Home Areas, reviewed Resident charts, and took measurements of therapeutic mattresses on beds.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Accommodation Services – Housekeeping, Safe and Secure and Personal Support Services Inspection Protocols.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p>		

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s. 15(1)(a)(b)	CO	#001	2010_101_9573_21Sep110406	113
O. Reg 79/10, s. 49(1)	CO	#002	2010_101_9573_21Sep110406	113

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: (if different from date(s) of inspection). February 18, 2011