



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prevue 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^e étage
London, ON N6B 1R8

**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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**Date(s) of inspection/Date de
l'inspection**
August 31, 2010

Inspection No/ d'inspection
2010-145-2748-31Aug080823

Type of Inspection/Genre d'inspection
Critical Incident

Licensee/Titulaire

Caressant Care Nursing and Retirement Homes Limited
264 Norwich Avenue Woodstock, Ontario N4S 3V9

Long-Term Care Home/Foyer de soins de longue durée

Caressant Care Arthur Nursing Home
215 Eliza Street Arthur, Ontario N0G 1A0

Name of Inspector(s)/Nom de l'inspecteur(s)

Karin Mussart (Inspector ID #145)

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: Lisa Canada, Administrator; Mary-Therese Haid, Regional Director; Kim Griffith, Assistant Director of Nursing.

During the course of the inspection, the inspector: Viewed the current Fire Panel and determined that it appeared to be working. Disarmed and rearmed the exit doors, and determined that they were working properly. Reviewed the Homes policy and procedures as well as maintenance procedures.

The following Inspection Protocols were used in part or in whole during this inspection: Safe and Secure Home

☒ There are no findings of Non-Compliance as a result of this inspection.

☐ Findings of Non-Compliance were found during this inspection. The following action was taken:



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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 (if different from date(s) of inspection). Sept. 7/ 2010