



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

**Rapport d'inspection
prévus 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^{ième} 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

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

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

☐ Licensee Copy/Copie du Titulaire

☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection
December 16, 2010

Inspection No/ d'inspection
2010_121_2748_16Dec120634

Type of Inspection/Genre d'inspection
Complaint L-01803

Licensee/Titulaire

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

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

Caressant Care Arthur Nursing Home, 215 Eliza St. P.O. Box 700, Arthur, ON N0G 1A0

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

Elizabeth Elvidge (#121)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection relating to availability of Insulin.

During the course of the inspection, the inspector(s) spoke with: The Director of Care, the Assistant Director of Care and a resident.

During the course of the inspection, the inspector: reviewed the MARS, the E-Mar process, the re-ordering process and the pharmacy provider for emergency deliveries.

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



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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*

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. <i>Elizabeth Cludge</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	