



**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^{ème} 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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 17, 2010	2010_191_2730_17Nov095446	Complaint L-01694
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 on Bonnie Place, 15 Bonnie Place, St. Thomas, ON N5R 5T8		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Kim White #191		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to resident care. During the course of the inspection, the inspector spoke with: The Ward Clerk, two Registered Staff, Physiotherapist, Regional Manager. During the course of the inspection, the inspector: reviewed electronic and paper files of resident. The following Inspection Protocols were used during this inspection: None. ☒ 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. 
Title:	Date:	Date of Report: (if different from date(s) of inspection). November 22, 2010