



**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
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London ON N6B 1R8

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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
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Date(s) of inspection/Date de l'inspection October 7, 2010	Inspection No/ d'inspection 2010_128_2651_06Oct143038	Type of Inspection/Genre d'inspection #L-01376 –Dietary Complaint Follow-up to March 2009
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Licensee/Titulaire

Cambridge Country Manor, 3680 Speedville Road, R.R #1, Cambridge, ON N3H 4R6

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

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

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

Ruth Hildebrand (ID #128)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Dietary Complaint Follow-up inspection to a March 2009 complaint.

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Nutrition Manager, RAI coordinator, 2 dietary aides, 1 Registered Practical Nurse, 1 resident and 2 Personal Support Workers.

During the course of the inspection, the inspector was provided a tour of the home by the Administrator, observed partial lunch meal; reviewed kitchen dietary kardex, and reviewed resident records, including food and fluid records for two (2) residents.

The following Inspection Protocols were used in part or in whole during this inspection:
Nutrition and Hydration

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

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

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
B3.25, LTC Homes Program Manual, now found in O. Reg. 79/10, s. 68 (2) (d)	Unmet Criterion		Dietary Complaint March 30, 2009	128

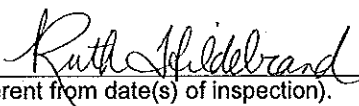


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
		October 14, 2010 	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	