



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
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Date(s) of inspection/Date de l'inspection November 10, 2010	Inspection No/ d'inspection 2010_136_2629_09NOV135517	Type of Inspection/Genre d'inspection Complaint O-000504
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Licensee/Titulaire

Community Lifecare Inc., 1955 Valley Farm Road-3rd floor, Plickering ON, L1V 1X6 ,
phone 905-831-1801 fax 905-831-1802

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

Community Nursing Home/ Port Perry, 15941 Simcoe Street, Port Perry, ON, L9L 1N5
phone 905-985-3205 fax 905-985-3721

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

Delores Mac Donald (136)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection on the nutritional care being provided to a resident.

During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, the Nutritional Manager, the Registered Nurse, the registered practical nurses(RPNs), the personal support workers(PSWs) and the food service worker who were working in the home area of the resident, The resident was interviewed in his/her room.

During the course of the inspection, the inspector reviewed the care records of the resident. The resident and other residents were observed in the dining room during a meal. The bedroom room which is shares with others was checked for neatness, space and maneuverability for each resident.

The Nutrition and Hydration Protocol was used during this inspection:

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

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 of Report: (if different from date(s) of inspection).
Date:	