



**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

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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 8, 2010	2010-190-1115-08Oct09630	Critical Incident L-01011
Licensee/Titulaire Copper Terrace 284 Central Avenue, London, ON N6B 2C8		
Long-Term Care Home/Foyer de soins de longue durée Copper Terrace 91 Tecumseh Road, Chatham, ON N7M 1B3		
Name of Inspector(s)/Nom de l'inspecteur(s) Sandra Fysh, (ID# 190)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Critical Incident inspection related to a fall. During the course of the inspection, the inspector spoke with the Resident, Director of Care, Administrator, Registered Nurses and Personal Support Workers. During the course of the inspection, the inspector reviewed the clinical record of one resident and reviewed policies related to falls and pain management. The following Inspection Protocol was used in part or in whole during this inspection: Critical Incident Inspection Protocol Falls Prevention Inspection Protocol ☒ There are no findings of Non-Compliance as a result of this inspection.		



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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).
		Oct 20/10