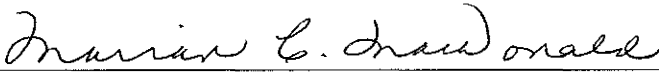


**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**Ministère de la Santé et des Soins de longue durée**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformitéHamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7Telephone: 905-546-8294
Facsimile: 905-546-8255Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton, ON L8P 4Y7Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Inspection Report under the LTC Homes Act, 2007 ☒ Public Copy ☐ Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée ☐ Copie du Titulaire ☐ Copie de la Publique	
Date(s) of inspection/Date de l'inspection July 22, 2010		Inspection No/ d'inspection 2010-137-907- 21Jul41108	Type of Inspection/Genre d'inspection CI 0907-000014-10 L-00106
Licensee/Titulaire Omni Healthcare Limited Partnership 161 Bay Street, Suite 2430, TD Canada Trust Tower Toronto, ON M5J 2S1			
Long-Term Care Home/Foyer de soins de longue durée Country Terrace 10072 Oxbow drive, R.R.# 3 Komoka, ON N0L 1R0			
Name of Inspector(s)/Nom de l'inspecteur(s) Marian C. Mac Donald - # 137			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident inspection.			
The inspection was conducted by one inspector identified above..			
The inspection occurred on July 22, 2010 with one inspector being present on that day.			
During the course of the inspection, the inspector spoke with: Administrator, Nursing Services Administration Manager and resident.			
There were no Inspection Protocols used in part or in whole during this inspection:			
No Findings of Non-Compliance were found during this inspection.			

Signature of Licensee of Designated Representative 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). July 28, 2010	