



**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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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

November 18, 2010

Inspection No/ d'inspection

2010_191_2622_18Nov101126

Type of Inspection/Genre d'inspection

Critical Incident L-01693

Licensee/Titulaire

Craigwiel Gardens, 221 Main Street, R.R.#1, Ailsa Craig, ON N0M 1A0

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

Craigholme, 221 Main Street East, Ailsa Craig, ON N0M 1A0

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 critical incident inspection related to resident care.

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, and a Registered Staff.

During the course of the inspection, the inspector: reviewed the chart of a resident, discussed the steps taken by the LTCH during their internal investigation and reviewed the Policy and Procedure of the LTCH.

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse and Neglect.

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



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

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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 19, 2010	