



**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

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} étage
Ottawa ON K1S 3J4

**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
conformité

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670



Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection

Sept. 15 and 16, 2010

Inspection No/ d'inspection

2010_148-2787_15Sep142652

Type of Inspection/Genre d'inspection

Critical Incident

O-001031

Licensee/Titulaire

Crown Ridge Health Care Service Inc., 106 Crown Street, Trenton, ON K8V Fax 613-392-6360

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

Crown Ridge Place, 106 Crown Street, Trenton, ON, K8V 6R3 Fax 613-392-6360

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

Delores Mac Donald (ID # 136) and Amanda Nixon (ID# 148)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection related to an alleged abuse.

During the course of the inspections spoke with the Administrator, Director of Care and surveyed four residents and, nursing and housekeeping staff.

During the course of the inspection, the inspectors reviewed the health records of identified resident, the investigation report as conducted by the home on the incident and the actions taken

The Abuse, Neglect and Retaliation Protocol was used.

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



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Inspection Report
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. DeLores Mae Donald
Title:	Date:	Date of Report: (if different from date(s) of inspection). January 10, 2011