



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

**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
September 28, 2010	2010-165-9516-20Sep14416	Critical Incident H01250
Licensee/Titulaire Corporation of the County of Dufferin 151 Centre St Shelburne, ON L0N 1S4		
Long-Term Care Home/Foyer de soins de longue durée Dufferin Oaks Home for Senior Citizens 151 Centre Street, Shelburne, ON L0N 1S4		
Name of Inspector/Nom de l'inspecteur Tammy Szymanowski, Long Term Care Home Inspector #165		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a critical incident inspection. During the course of the inspection, the inspector spoke with: the administrator, the director of care, unit coordinator, and Registered Practical Nurse via telephone. During the course of the inspection, the inspector: reviewed a clinical record and reviewed policy #1-2100 of the homes nursing manual. The following Inspection Protocols were used in part or in whole during this inspection: Hospitalization and Death Inspection Protocol ☒ There are no findings of Non-Compliance as a result of this inspection.		

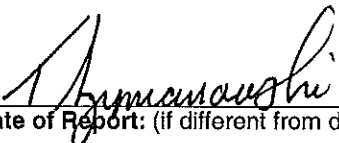


Ministry of Health and
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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title: _____ Date: _____		 Oct 14, 2010 Date of Report: (if different from date(s) of inspection).	

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Author: Template Document

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