



**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***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
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
conformité

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Date(s) of inspection/Date de l'inspection September 9, 2010	Inspection No/ d'inspection 2010-155-2725-09Sep113514 2010-145-2725-08Sep225323	Type of Inspection/Genre d'inspection Complaint L-00227
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Licensee/Titulaire

Capricorn Investments Corporation Limited, RR#4, P.O. Box 200, Chesley, ON N0G 1L0

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

Elgin Abbey Nursing Home, 380 First Avenue North, P.O. Box 7, Chesley, ON N0G 1L0

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

Sharon Perry, #155 Karin Mussart, #145

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspectors spoke with: Tracee Givens, Administrator; Sherry Lyn Wepler, DOC; Linda Thomson, RPN; Donna, HCA; Susan, NA; and residents.

During the course of the inspection, the inspectors: reviewed resident records, incontinent products resident profile worksheet, emergency product sign out sheet, requests for product change, and Futuremed invoices pertaining to TENA products for July 26, 2010 to September 1, 2010. Storage room and resident rooms were viewed. Reviewed Policies and procedures and physically tested the lighting level in washrooms. Also as part of a physical inspection noted the presence/absence of fans or air conditioning.

The following Inspection Protocols were used in part or in whole during this inspection:
Continence Care and Bowel Management, and Safe and Secure Home.



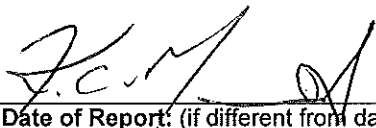
There are no findings of Non-Compliance as a result of this inspection.



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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). September 13, 2010