



**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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**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 November 12, 2010	Inspection No/ d'inspection 2010_121_2513_12Nov145301	Type of Inspection/Genre d'inspection Follow-up L-01726
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Licensee/Titulaire

Provincial Nursing Home Ltd., Partnership, 1090 Morand St., Windsor, ON N9G 1J6

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

Errinrung Nursing Home, 67 Bruce St., P.O. Box 69, Thornbury, ON N0H 2P0

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

Elizabeth Elvidge (#121)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection related to 24/7 RN staffing.

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

During the course of the inspection, the inspector: Reviewed the Registered staff timesheet.

The following Inspection Protocols were used in part or in whole during this inspection:
Sufficient Staffing

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
C1.6, LTC Homes Program Manual, now found in LTCHA, 2007, S.O. 2007 c. 8, s.? Or O. Reg. 79/10, s.8.(3)	Unmet criteria	N/A	N/A	N/A

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.**

Elizabeth Thiridge

Title:

Date:

Date of Report: (if different from date(s) of inspection).
December 1, 2010