



**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

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
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Date of inspection/Date de l'inspection November 12, 2010	Inspection No/ d'inspection 2010_105_2580_12Nov094527	Type of Inspection/Genre d'inspection L-01718 follow up to post occ.
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Licensee/Titulaire
Lutheran Homes Kitchener-Waterloo 2727 Kingsway Drive Kitchener ON N2C 1A7

Long-Term Care Home/Foyer de soins de longue durée
Grand River Hospital-Freeport Site 3570 King St. E. PO Box 9056 Kitchener ON N2A 2W1

Name of Inspector/Nom de l'inspecteur(s)
June Osborn #105

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection related to post-occupancy of interim beds.

During the course of the inspection, the inspector spoke with the Charge RN, the Site Supervisor, and 2 PSW's.

During the course of the inspection, the inspector completed 2 walkthroughs of the unit at 2 different times looking for safety issues.

☒ 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.



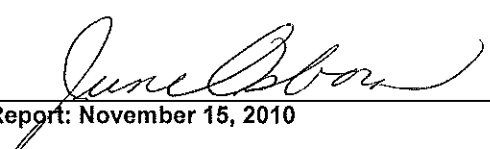
Ministry of Health and
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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s.130(1)	WN	n/a	2010_105_2580_09Jul134942	105
O.Reg. 79/10, s.91	WN	n/a	2010_105_2580_09Jul134942	105

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: November 15, 2010