

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

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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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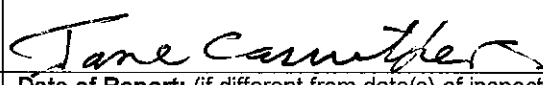
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection January 19, 20, 2011	Inspection No/ d'inspection 2011_113_9573_19Jan132936 2011_113_9573_20Jan132234	Type of Inspection/Genre d'inspection Complaint – Log #T-3187 Follow up CIS – Log # T0624
Licensee/Titulaire Corporation of the County of Simcoe, 1110 Highway 26, Midhurst, ON L0L 1X0		
Long-Term Care Home/Foyer de soins de longue durée Simcoe Manor Home for the Aged, 5988 – 8 th Line, Main Street East, P.O. Box 100 Beeton, ON L0G 1A0		
Name of Inspector/Nom de l'inspecteur(s) Jane Carruthers - 113		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection with regards to the cleanliness of Resident clothing and equipment. A follow up inspection was done at the same time of a Mandatory Report/Critical Incident. During the course of the inspection, the inspector spoke with: The Administrator, Director of Resident Care, Nurse Manager, Environmental Service Manager, and registered nursing staff. During the course of the inspection, the inspector: conducted a walk through all Resident Home Areas, reviewed Resident charts, and took measurements of therapeutic mattresses on beds. The following Inspection Protocols were used in part or in whole during this inspection: Accommodation Services – Housekeeping, Safe and Secure and Personal Support Services Inspection Protocols. ☒ 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 #
O. Reg. 79/10, s. 15(1)(a)(b)	CO	#001	2010_101_9573_21Sep110406	113
O. Reg 79/10, s. 49(1)	CO	#002	2010_101_9573_21Sep110406	113

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). February 18, 2011	