



**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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291, rue King, 4^{ème} 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 of inspection/Date de l'inspection October 26, 2010	Inspection No/ d'inspection 2010_105_2597_26Oct095701	Type of Inspection/Genre d'inspection L-01360 Complaint
Licensee/Titulaire Southampton Care Centre Inc. 698 Yonge St. Midland ON L4R 2E1		
Long-Term Care Home/Foyer de soins de longue durée Southampton Care Centre 140 Grey St. PO Box. 790 Southampton ON N0H 2L0		
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 complaint inspection related to responsive behaviour.

During the course of the inspection, the inspector spoke with administrator, and a co-director of care and an RPN.

During the course of the inspection, the inspector reviewed the medical record, the CI, policies and procedures re behaviours staff education related to behaviours, and had the RPN who worked the evening of the incident show me where it happened.

The following Inspection Protocols were used in part or in whole during this inspection:
Responsive Behaviours.

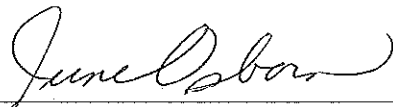
☒ There are no findings of Non-Compliance as a result of this inspection.



**Ministry of Health and
Long-Term Care**
**Ministère de la Santé et
des Soins de longue durée**

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under the *Long-
Term Care Homes
Act, 2007***

**Rapport
d'inspection prévue
le *Loi de 2007 les
foyers de soins de
longue durée***

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 2, 2010	