Ontario

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

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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Telephone: 519-675-7680
Facsimile: 519-675-7685

Bureau régional de services de London
291, rue King, 4iém étage
London ON N6B 1R8

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 26, 2010	2010_105_2597_26Oct095701	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.

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