



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} étage
Ottawa ON K1S 3J4

**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

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670



Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 22 2010	Inspection No/ d'inspection 2010_166_2413_22Sep110338	Type of Inspection/Genre d'inspection Complaint log# O-000060
Licensee/Titulaire Omni Health Care Limited Partnership on behalf of 0760444 B.C.Ltd.as General Partner 1840 Landsdowne Street West Unit 12 Peterborough, ON K9K 2M9 705-748-6631 Fax 705-742-9197		
Long-Term Care Home/Foyer de soins de longue durée Springdale Country Manor 2698 Clifford Line RR#5 Peterborough, ON K9J 6X6 705-742-8811 Fax 705-742-8812		
Name of Inspector(s)/Nom de l'inspecteur(s) Caroline Tompkins #166		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection. During the course of the inspection, the inspector spoke with: the resident, the acting Administrator, the acting Director of Care, a member of the registered nursing staff, a personal support worker, a member of the housekeeping staff and the resident's physician. During the course of the inspection, the inspector: reviewed the resident's health records. progress notes. The resident's room and the home corridors were inspected. The following Inspection Protocol was used during this inspection: Dignity, Choice and Privacy 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: (if different from date(s) of inspection). October 14 2010