



**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
291 King Street, 4th Floor
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
conformité

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

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

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Date(s) of inspection/Date de l'inspection November 9, 2010	Inspection No/ d'inspection 2010_121_2752_09Nov160323	Type of Inspection/Genre d'inspection Follow-up L-01725
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Licensee/Titulaire Twin Oaks of Maryhill Inc., 1360 Maryhill Road, Maryhill, ON N0B 2B0

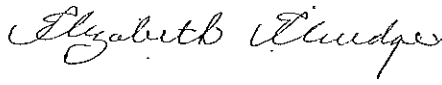
Long-Term Care Home/Foyer de soins de longue durée Twin Oaks of Maryhill, 1360 Maryhill Road, Maryhill, ON N0B 2B0
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Name of Inspector(s)/Nom de l'inspecteur(s) Elizabeth Elvidge (#121)
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Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection relating to TB testing and Continuous Quality Improvement. During the course of the inspection, the inspector spoke with: The Administrator, the Program Manager and the Charge nurse. During the course of the inspection, the inspector: reviewed documentation related to TB, the Continuous Quality Improvement program including goals, membership, policies, procedures and audits. The following Inspection Protocols were used in part or in whole during this inspection: Infection Prevention and Control Quality Improvement ☒ 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.
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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
M2.2, LTC Homes Program Manual now found in LTCHA, 2007, S.O. 2007 c.8, s.84	Unmet criteria	N/A	N/A	N/A
M3.22, LTC Homes Program Manual now found in O.Reg. 79/10,s.229.(10)(1)	Unmet criteria	N/A	N/A	N/A

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). November 16, 2010