



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection March 3, 2011	Inspection No/ d'inspection 2011_146_8501_03Mar072053	Type of Inspection/Genre d'inspection CI C501-000001-11
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Licensee/Titulaire
Albright Gardens Homes Incorporated, 5050 Hillside Drive, Beamsville, ON., L0R 1B2

Long-Term Care Home/Foyer de soins de longue durée
Albright Manor, 5050 Hillside Drive, Beamsville, ON., L0R 1B2

Name of Inspector(s)/Nom de l'inspecteur(s)
Barbara Naykalyk-Hunt, #146

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care and 2 registered staff.

During the course of the inspection, the inspector: reviewed the health files of 2 identified residents.

The following Inspection Protocols were used 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. <i>Barbara Naykalyk-Hunt</i> March 8, 2011
Title:	Date:
	Date of Report: (if different from date(s) of inspection).