



**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

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

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**Ministère de la Santé et des Soins de  
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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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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
December 8, 2010	2010-120-2774-08DEC083506	H-2951 Follow-up to January 6, 2010

**Licensee/Titulaire**  
The Central Canadian District of the Christian and Missionary Alliance in Canada, 155 Panin Rd., Burlington, ON L7P 5A6

**Long-Term Care Home/Foyer de soins de longue durée**  
Cama Woodlands Nursing Home, 159 Panin Road, Burlington, ON L7P 5A6

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

**Inspection Summary/Sommaire d'inspection**

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance issued under the Ministry of Health and Long-Term Care Homes Program Standards Manual with respect to the following program service areas:

O2.1 (Maintenance Services)  
M3.3 (Safety Systems)

During the course of the inspection, the above noted inspector spoke with the Administrator, Director of Care, housekeeping/laundry supervisor, maintenance, nursing and housekeeping staff. The inspector inspected each of the tub/shower rooms, the kitchen, all of the resident rooms and common spaces.

The following Inspection Protocol was used during this inspection: *Accommodation Services - Maintenance*

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" on page 2.



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O2.1, LTC Homes Program Manual, now found in the LTCHA, 2007, S.O. c.8, s. 15(2)(c) and O. Reg. 79/10 s.90(1)(c)	N/A	N/A	Log #15-2009	120
M3.3, LTC Homes Program Manual, now found in LTCHA, 2007, S.O. c.8, s.15(2)(c) and O. Reg. 79/10, s.90(1)(h) and s. 90(2)(a)	N/A	N/A	Log #15-2009	120

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>B. Susnik</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		<i>Dec 10/10</i>	