



Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prevue 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
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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
17 November 2010	2010_127_2912_17Nov132009	Critical Incident (H-02465)
Licensee/Titulaire Delcare LTC Inc., 4800 Dufferin Street, Toronto ON M3H 5S9		
Long-Term Care Home/Foyer de soins de longue durée Cawthra Gardens Long Term Care Community, 590 Lolita Gardens, Mississauga ON L5A 4N8		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
The purpose of this inspection was to conduct a critical incident inspection regarding an injury that resulted in a transfer to hospital.		
During the course of the inspection, the inspector spoke with the director of care, assistant director of care and registered staff.		
During the course of the inspection, the inspector undertook a visual inspection of the resident's bed alarm and reviewed the plan of care, progress notes, the falls prevention policy and the incident report.		
The following Inspection Protocols were used during this inspection:		
<ul style="list-style-type: none">Accommodation Services - Maintenance		
<input checked="" type="checkbox"/> No findings of non-compliance were found during 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). 	