



**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
conformité

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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 15, 2010-09-15	Inspection No/ d'inspection 2010-146-2618-14Sept152944	Type of Inspection/Genre d'inspection Other – critical incident –H-00289
Licensee/Titulaire Chartwell Master Care LP 100 Milverton Drive, Suite 700 Mississauga, On L5r 4H1		
Long-Term Care Home/Foyer de soins de longue durée Château Gardens Niagara 120 Wellington Street Niagara on the Lake, ON		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt #146		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct an Other-critical Incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator; Director of Care; receptionist; RPN; RAI Coordinator; and the resident</p> <p>During the course of the inspection, the inspector: observed and met with the resident and conducted a health record review.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		

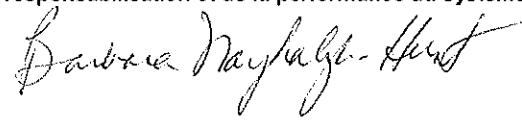


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title: _____	Date of Report (if different from date(s) of inspection). _____