



**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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 14, 2011	2011_192_8521_15 Mar091652	Complaint H-00152
Licensee/Titulaire		
The Elliott, 170 Metcalfe Street, Guelph ON N1E 4Y3		
Long-Term Care Home/Foyer de soins de longue durée		
The Elliott Community 170 Metcalfe St., Guelph ON N1E 4Y3		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Debora Saville Nursing Inspector #192		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: Director of Care, Registered Practical Nurses, Registered Nurses, Personal Support Workers and the resident.</p> <p>During the course of the inspection, the inspector: Reviewed medical records, and flow sheets.</p> <p>The following Inspection Protocols were used during this inspection: Personal Support Services and Skin and Wound Care Inspection Protocols</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p>		



CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s. 50(2)	WN		2010_168_8521_02Nov125231	#168

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.

Deborah Saville

Title: Date:

Date of Report: (if different from date(s) of inspection).

March 15, 2011