



**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
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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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Date(s) of inspection/Date de l'inspection October 1, 2010	Inspection No/ d'inspection 2010_146_2909_30Sept092442	Type of Inspection/Genre d'inspection Critical Incident 2909-000044-10 Log H-01701
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Licensee/Titulaire Henley House Limited, 200 Ronson Drive, Suite 305, Toronto, On., M9W 5Z9

Long-Term Care Home/Foyer de soins de longue durée The Henley House, 20 Ernest Street, St. Catharines, On., L2N7T2
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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 regarding possible verbal abuse of a resident by an employee.

During the course of the inspection, the inspector spoke with: the Administrator, the Assistant Director of Care (ADOC), a nurse manager and the resident

During the course of the inspection, the inspector: reviewed the health file, reviewed the report of the home's investigation, observed and interviewed the resident involved and reviewed the home's policy.

The following Inspection Protocols were used during this inspection: Prevention of Abuse and neglect

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> <i>October 29/2010</i>
Title:	Date:
	Date of Report: (if different from date(s) of inspection).