



**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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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 1, 2010	2010_146_2909_30Nov181103	Critical Incident H-02097
Licensee/Titulaire		
Henley House Limited, 200 Ronson Drive, Suite 306, Toronto, ON., M9W 5Z9		
Long-Term Care Home/Foyer de soins de longue durée		
The Henley House, 20 Ernest Street. St Catharines, ON., L2N 7T2		
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 related to abuse.		
During the course of the inspection, the inspector spoke with: the Administrator, The Director of Care (DOC), the Assistant Director of Care (ADOC), a registered staff, a personal support worker and the resident.		
During the course of the inspection, the inspector(s): reviewed the written report of the home's investigation; reviewed the resident's health file and interviewed the resident.		
The following Inspection Protocols were used during this inspection: Prevention of Abuse and Neglect		
<input checked="" type="checkbox"/> 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>Dec 15/10</i>
Title:	Date:
	Date of Report: (if different from date(s) of inspection).