



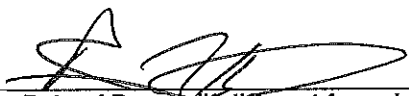
Hamilton Service Area Office
 119 King Street West, 11th Floor
 Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton
 119, rue King Ouest, 11^{ième} étage
 Hamilton, ON L8P 4Y7

Telephone: 905-546-8294
 Facsimilie: 905-546-8255

Téléphone: 905-546-8294
 Télécopieur: 905-546-8255

Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
Date(s) of inspection/Date de l'inspection 06 August 2010		Inspection No/ d'inspection 2010_127_2776_05Aug093016	Type of Inspection/Genre d'inspection Complaint H-00172
Licensee/Titulaire Heritage Green Nursing Home			
Long-Term Care Home/Foyer de soins de longue durée Heritage Green Nursing Home, 353 Isaac Brock Drive, Stoney Creek, ON			
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden – LTC Homes Inspector – Environmental Health #127			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection respecting the safety and proper functioning of bed rails. The inspection was conducted by one (1) inspector, named above, on 06 August 2010. The inspector was in the home for one (1) day. During the course of the inspection, the inspector spoke with the administrator, assistant administrator, director of care, assistant manager - maintenance and one resident. The following Inspection Protocols were used in part or in whole during this inspection: <ul style="list-style-type: none"> • Accommodation Services – Maintenance • Safe and Secure Home No findings of Non-Compliance were found during this inspection.			

Signature of Licensee of Designated Representative 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).	