



**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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

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291, rue King, 4ième étage
London ON N6B 1R8

**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
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Date(s) of inspection/Date de l'inspection May 11, 2011	Inspection No/ d'inspection 2011-155-2606-11May112941	Type of Inspection/Genre d'inspection Critical Incident
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Licensee/Titulaire
peopleCare Inc., 28 William Street North, P.O, Box 460, Tavistock, ON N0B 2R0

Long-Term Care Home/Foyer de soins de longue durée
Hilltop Manor Cambridge, 42 Elliott Street, Cambridge, ON N1R 2J2

Name of Inspector(s)/Nom de l'inspecteur(s)
Sharon Perry #155

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

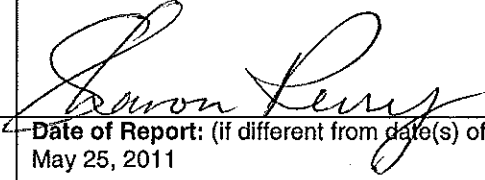
During the course of the inspection, the inspector spoke with: Acting Executive Director, Director of Care, Assistant Director of Care, 2 Registered Nurses, 2 Resident Care Aides, and Residents.

During the course of the inspection, the inspector: observed Spa Room and TR tub chair lift on Heritage unit; reviewed lift procedures policy reference number 007010.00; reviewed education material entitled "Bathing Safety when using a Tub chair lift"; and reviewed clinical records of an identified resident..

The following Inspection Protocols were used during this inspection:
Falls Prevention

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.	
Title:	Date:	 Date of Report: (if different from date(s) of inspection). May 25, 2011	