



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prévus 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

Bureau régional de services de London
291, rue King, 4^{ième} 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
conformité

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection June 14, 2011	Inspection No/ d'inspection 2011_105_2606_14Jun102554	Type of Inspection/Genre d'inspection L-000659 Complaint
---	---	--

Licensee/Titulaire
peopleCare Inc. 28 William St. N. PO Box 460 Tavistock ON N0B 2R0

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

Name of Inspector/Nom de l'inspecteur
June Osborn #105

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to resident rights.

During the course of the inspection, the inspector spoke with the resident, 1 registered practical nurse, and the director of care.

During the course of the inspection, the inspector interviewed the resident, interviewed a registered practical nurse, and reviewed the medical records of 2 residents, observed resident rooms, and discussed the issues with the director of care.

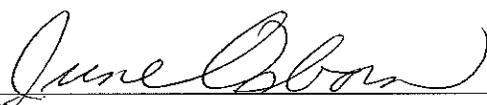
There are no findings of Non-Compliance as a result of this inspection.



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

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: June 14, 2011