



**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
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London ON N6B 1R8

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

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 10, 2010	2010_191_2606_10Dec100517	Critical Incident 2606-000020-10 L-01728
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)		
Kim White #191		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct an inspection related to resident care.</p> <p>During the course of the inspection, the inspector spoke with: Director of Care, Personal Support Worker, Housekeeping staff member.</p> <p>During the course of the inspection, the inspector: reviewed the facility investigation process and outcome documentation, reviewed policy specific to Abuse, Neglect and Retaliation, reviewed educational records of staff and spoke with staff.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Prevention of Abuse, Neglect and Retaliation.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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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). December 15, 2010