



**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^{ième} 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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Date(s) of Inspection/Date de l'inspection December 14, 2010	Inspection No/ d'inspection 2010_146_9551_14Dec081957	Type of Inspection/Genre d'inspection Mandatory/CI H-02815
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Licensee/Titulaire
The Regional Municipality of Niagara, 2201 St David's Road, Thorold, ON., L2V 4T7

Long-Term Care Home/Foyer de soins de longue durée
Linhaven, 403 Ontario Street, St Catharines, ON., L2N 1L5

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/ Mandatory Report inspection.

During the course of the inspection, the inspector spoke with: the Administrator, the Associate Director of Care, an identified resident and family.

During the course of the inspection, the inspector: reviewed the health file of an identified resident and met with the resident and family member.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation

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).