



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

**Rapport d'inspection  
évalué 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, 4<sup>ième</sup> étage  
London ON N6B 1R8

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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Direction de l'amélioration de la performance et de la  
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<b>Date of inspection/Date de l'inspection</b> June 13, 2011	<b>Inspection No/ d'inspection</b> 2011_105_8537_13Jun121935	<b>Type of Inspection/Genre d'inspection</b> L-000623 Complaint
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**Licensee/Titulaire**  
St. Joseph's Health Services Association of London Inc. 268 Grosvenor St. PO Box 5777 London ON N6A 4V2

**Long-Term Care Home/Foyer de soins de longue durée**  
Marian Villa 200 College Ave. PO Box 5777 London ON N6A 1Y1

**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 nurse, 1 registered practical nurse, 1 personal support worker and the resident co-ordinator.

During the course of the inspection, the inspector interviewed the resident, interviewed the resident co-ordinator, and reviewed the resident's medical record.


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



Ministry of Health and  
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Ministère de la Santé et  
des Soins de longue durée

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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 13, 2011