



**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**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

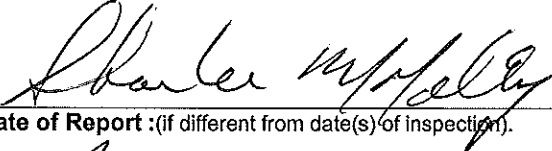
Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> étage  
Hamilton, ON L8P 4Y7

Telephone: 905-546-8294  
Facsimile: 905-546-8255

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

<b>Inspection Report under the LTC Homes Act, 2007</b> <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		<b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b> <input checked="" type="checkbox"/> Copie de la Public <input type="checkbox"/> Copie du Titulaire	
<b>Date(s) of inspection/Date de l'inspection</b> August 12, 13, 2010		<b>Inspection No/ d'inspection</b> 2010_141_2124_12Aug113831	<b>Type of Inspection/Genre d'inspection</b> Complaint H-00368
<b>Licensee/Titulaire</b> The Royal Crest Lifecare Group Inc., c/o Ernst and Young Inc., 222 Bay Street, TD Centre, P.O. Box 251, Toronto, ON, M5K 1J7			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Mississauga Lifecare Centre, 55 Queensway West, Mississauga, ON L5B 1B5			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Sharlee McNally, LTC Inspector - Nursing #141			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a complaint inspection received at the Hamilton Service Area Office on July 23, 2010 (info-line IL-13972, log #00368).</p> <p>The inspection was conducted by 1 inspector.</p> <p>The inspection occurred on August 12 and 13, 2010.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Assistant Administrator, Director of Care, nursing staff, PSWs, and resident and family member.</p> <p>The following Inspection Protocols were used this inspection: Contenance Care and Bowel Management Skin and Wound</p> <p>0 Findings of Non-Compliance were found during this inspection.</p>			

<b>Signature of Licensee of Designated Representative</b> <b>Signature du Titulaire du représentant désigné</b>	<b>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.</b> 
<b>Title:</b>	<b>Date:</b> <b>Date of Report</b> : (if different from date(s) of inspection). <i>May 30, 2011</i>