



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

**Rapport d'inspection
prévu 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

**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
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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 9, 2010	2010-120-2124-09DEC083001	Complaint - H-02825	
Licensee/Titulaire			
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			
Long-Term Care Home/Foyer de soins de longue durée			
Mississauga Lifecare Centre, 55 Queensway West, Mississauga, ON, L5B 1B5			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Bernadette Susnik, LTC Homes Inspector – Environmental Health #120			
Inspection Summary/Sommaire d'inspection			
The purpose of this complaint inspection was to determine if the home has adequate hot water as per O. Reg. 79/10, s. 90(1)(i).			
During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Personal Service workers, nursing staff, maintenance staff, family members and residents.			
During the course of the inspection, the inspector measured the temperature of the hot water in resident washrooms and in shower rooms on all three floors. Hot water temperature logs were also reviewed between September and December 8, 2010.			
The following Inspection Protocol was used: <i>Accommodation Services - Maintenance</i>			
<input checked="" type="checkbox"/> No findings of non-compliance were found during this inspection.			

Signature of Licensee or Representative of Licensee Signature du Titulaire ou 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.
<i>B. Susnik</i>		
Title:	Date:	Date of Report: (if different from date(s) of inspection). <i>Dec. 9/10</i>