



**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  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ème</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  
système de santé  
Direction de l'amélioration de la performance et de la  
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 9, 2010	2010_191_2952_09Dec102403	L-01772 CI 2952-000006-10

**Licensee/Titulaire**

Parkwood Mennonite Home Inc., 726 New Hampshire Street, Waterloo, ON N2K 4M1

**Long-Term Care Home/Foyer de soins de longue durée**

Parkwood Mennonite Home, 726 New Hampshire Street, Waterloo, ON N2K 4M1

**Name of Inspector(s)/Nom de l'inspecteur(s)**

Kim White #191

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct an inspection related to a resident concern.

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Registered Nurse, and a Registered Practical Nurse.

During the course of the inspection, the inspector: reviewed the facility investigation process and outcome, reviewed policy specific to Non-Tolerance of Abuse / Neglect, reviewed clinical notes and spoke with staff.

The following Inspection Protocols were used in part or in whole during this inspection:  
Prevention of Abuse, Neglect and Retaliation.

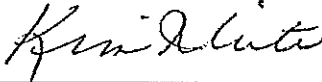
There are no findings of Non-Compliance as a result of this inspection.



**Ministry of Health and  
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**Ministère de la Santé et  
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<b>Signature of Licensee or Representative of Licensee</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: (if different from date(s) of inspection).</b>  December 10, 2010