



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
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**Ministère de la Santé et des Soins de  
longue durée**

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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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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
September 9, 2010	2010_167_8558_09Sep105528	H-00438 Inspection related to CIS report
<b>Licensee/Titulaire</b>		
Shalom Manor Long Term Care Home, 12 Bartlet Avenue, Grimbsy, Ontario L3M 4N5		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Shalom Manor Long Term Care Home, 12 Bartlet Avenue, Grimbsy, Ontario L3M 4N5		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Marilyn Tone, Nursing- # 167		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct an Other Inspection – follow up to a Critical Incident Report.

During the course of the inspection, the inspector spoke with:

Members of the management team including the Administrator, the Director of Care, the registered staff member working on the unit and the residents involved in the incident.

During the course of the inspection, the inspector conducted a review of both residents' health files and observed interaction between residents on the unit.

The following Inspection Protocols were used during this inspection:

Critical Incident Response Inspection Protocol

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.
		<i>Murphy Lane</i>
Title:	Date:	Date of Report: <i>November 9/10</i>