



**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, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton ON L8P 4Y7

**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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 16, 17 & 18, 2010	2010_167_8564_16Nov125827	Complaint- H-01860
Licensee/Titulaire		
St. Joseph's Health System 574 Northcliffe Avenue Dundas, ON L9H 7L9		
Long-Term Care Home/Foyer de soins de longue durée		
St. Joseph's Health Care 100 Westmount Road Guelph, Ontario N1H5H8		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Marilyn Tone, Nursing # 167, Debora Saville, Nursing # 192		
Inspection Summary/Sommaire d'inspection		




The purpose of this inspection was to conduct a complaint inspection related to a potential abuse situation.

During the course of the inspection, the inspector spoke with: the Director of Care, the VP of Clinical Services and a staff member.

During the course of the inspection, the inspector: conducted a review of the health file for the identified resident, (A review of the health file for the other identified resident was previously conducted) and reviewed the home's policies and procedures related to abuse and protocols for management of residents with high risk behaviours.

The following Inspection Protocol was used during this inspection: Prevention of Abuse and Neglect.

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. 
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). November 22, 2010