



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

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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Jul 27, 2011		2011_060127_0022	Follow up
Licensee/Titulaire			
MENNONT BRETHREN SENIOR CITIZENS HOME 1 Tabor Drive, St. Catharines, ON, L2N-1V9			
Long-Term Care Home/Foyer de soins de longue durée			
MENNONT BRETHREN SENIOR CITIZENS HOME 1 Tabor Drive, St. Catharines, ON, L2N-1V9			
Name of Inspector(s)/Nom de l'inspecteur(s)			
RICHARD HAYDEN (127)			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Follow up inspection.			
During the course of the inspection, the inspector(s) spoke with the executive director, director, dietitian, dietary staff and health care aides regarding Log # H-001523-11.			
During the course of the inspection, the inspector(s) observed lunch meal service and reviewed dietary-related documentation.			
The following Inspection Protocols were used in part or in whole during this inspection: Quality Improvement			
There are no findings of Non-Compliance as a result of this inspection.			
Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.			

CORRECTED NON-COMPLIANCE/Non-respects à Corriger				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10 s. 8.(1)(b)	CO	001	2010_171_8571_23Aug155456	127
Signature of Licensee or Representative of Licensee Signature du Titulaire ou 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). <i>13 Sept 2011</i>	