Ontario

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 conformité

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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
October 21, 22, 2010	2010_146_8571_20Oct160149	Complaint H-01712

Licensee/Titulaire
Mennonite Brethren Senior Citizen's Home, 1 Tabor Drive,St Catharines, ON., L2N1V9

Long-Term Care Home/Foyer de soins de longue durée
Mennonite Brethren Senior Citizen's Home, 1 Tabor Drive,St Catharines, ON., L2N1V9

Name of Inspector(s)/Nom de l'inspecteur(s)
Barbara Naykalyk-Hunt #146, Debora Saville #192, Tammy Szymanowski #165

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to training of nursing and dietary staff and resident care.

During the course of the inspection, the inspectors spoke with: The Director of Administration, the Director of Care (DOC), the RAI coordinator, food services staff, 2 personal support workers (PSW), 3 registered staff and 5 residents.

During the course of the inspection, the inspectors: observed equipment and cleanliness in the kitchen and dining rooms; reviewed the dietary staffing schedule; the number of meals provided to the residents and to supportive housing; the training/education schedules of nursing and dietary staff; and observed toileting practices.

The following Inspection Protocols were used during this inspection: Resident Dignity, Choice and Privacy

☒ 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.** Barbara Naykalyk-Hunt Dec 6/10
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).