

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

 Division de la responsabilisation et de la performance du
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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		
Date(s) of inspection/Date de l'inspection January 4 th , 2011	Inspection No/ d'inspection 2011_110_2914_04Jan13301 2	Type of Inspection/Genre d'inspection Complaint #1678
Licensee/Titulaire Victoria Village Inc., 78 Ross Street Barrie, Ontario L4N 1G3		
Long-Term Care Home/Foyer de soins de longue durée Victoria Village Manor 78 Ross Street, Barrie, Ontario L4N 1G3		
Name of Inspector(s)/Nom de l'inspecteur(s) Diane Brown #110		
<p>The purpose of this inspection was to conduct an investigation of the nutritional care provided to a resident at high risk for constipation.</p> <p>During the course of the inspection, the inspector spoke with:</p> <ul style="list-style-type: none"> • Administrator • Food Service Supervisor • Assistant Director of Care • Registered Dietitian • Dietary Aide <p>During the course of the inspection, the inspector reviewed an identified resident's health care record and policy and procedures</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Continence Care and Bowel Management Nutrition and Hydration</p> <p><input checked="" type="checkbox"/> No findings of Non-Compliance were found during this inspection.</p>		

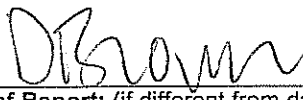


Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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*

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).