



Inspection Report under the *Long-Term Care Homes Act, 2007*

Rapport d'inspection prevue 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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Quest, 11th étage
Hamilton, ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
08 and 09 March 2011	2011_127_2855_08Mar141722	Critical Incident # H-00403
Licensee/Titulaire Villa Forum, 175 Forum Drive, Mississauga ON L4Z 4E5		
Long-Term Care Home/Foyer de soins de longue durée Villa Forum, 175 Forum Drive, Mississauga ON L4Z 4E5		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
The purpose of this visit was to conduct a complaint inspection regarding the call bell system.		
During the course of the inspection, the inspector spoke with the administrator, co-directors of care, environmental services manager, registered staff and residents.		
During the course of the inspection, the inspector checked the functioning of the call bell system.		
The following Inspection Protocols were used during this inspection:		
• Safe and Secure Home		
No findings of non-compliance were found during this inspection.		

Signature of Licensee or Representative of Licensee Signature du Titulaire ou 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). 10 March 2011