



**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

Hamilton Service Area Office
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Hamilton, ON L8P 4Y7

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

Division de la responsabilisation et de la performance du
système de santé
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Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
10 December 2010	2010_127_2854_09Dec171202	Follow Up (H-02964)

Licensee/Titulaire
Oakwood Retirement Communities Inc., 325 Max Becker Drive, Suite 201, Kitchener ON N2E 4H5

Long-Term Care Home/Foyer de soins de longue durée
The Village of Tansley Woods, 4100 Upper Middle Road, Burlington ON

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 inspection was to conduct a follow up inspection regarding the following previously identified non-compliance:

- Follow-up Inspection – 19 March 2010**
- unmet criteria: O2.9

During the course of the inspection, the inspector spoke with the general manager (administrator) and director of nursing.

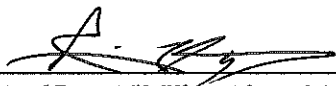
During the course of the inspection, the inspector undertook a visual inspection of all areas of the home where previous non-compliance was identified.

- The following Inspection Protocols were used during this inspection:
- Accommodation Services – Maintenance

No findings of Non-Compliance were found during this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

CORRECTED NON-COMPLIANCE / Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O2.9, LTC Homes Program Manual now found in <i>LTCHA, 2007</i> , c.8., s. 15.(2)(c)			Follow-up Inspection – 19 March 2010	127

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).	
		13 December 2010	