



**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

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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

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

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

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Date(s) of inspection/Date de l'inspection August 20 & 24, 2010	Inspection No/ d'inspection 2010_167_2930_20Aug094023	Type of Inspection/Genre d'inspection Other related to a CIS report
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Licensee/Titulaire
The Thomas Health Care Corporation, 490 Highway # 8, Stoney Creek, Ontario L8G 1G6

Long-Term Care Home/Foyer de soins de longue durée
Arbour Creek Long-Term Care Centre, 2717 King Street East, Stoney Creek Ontario L8G 1J3

Name of Inspector(s)/Nom de l'inspecteur(s)
Marilyn Tone # 167

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an Other inspection - follow up to a Critical Incident report.

During the course of the inspection, the inspector spoke with

Members of the management team including the Administrator, the Director of Care, the Registered Staff member working on the unit and the resident involved.

During the course of the inspection, the inspector:

Observed staff interaction with residents on the unit, reviewed the resident's health file, reviewed the record of training provided by the home related to abuse, policies and procedures related to abuse and reporting of abuse

The following Inspection Protocol was used during this inspection:

Prevention of Abuse and Neglect

There are no findings of Non-Compliance as a result of this inspection.

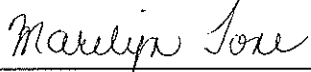


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
		
Title:	Date:	Date of Report: September 16, 2010