



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
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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  
Direction de l'amélioration de la performance et de la  
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 20 & 24, 2010	2010_167_2930Aug20093412	Other -CIS

**Licensee/Titulaire**

The Thomas Health Care Corporation, 490 Highway # 8, Stoney Creek, Ontario L8G1G6

**Long-Term Care Home/Foyer de soins de longue durée**

Arbour Creek Long-Term Care Centre, 2717 King Street East, Hamilton, Ontario L8G1J3

**Name of Inspector(s)/Nom de l'inspecteur(s)**

Marilyn Tone, Nursing - # 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(s) 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:

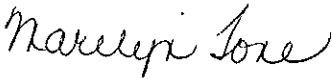
Observed staff interaction with residents on the unit, reviewed the resident's health file, reviewed the record of training provided by the home related to abuse, policies and procedures related to abuse and reporting of abuse.

The following Inspection Protocols were used in part or in whole during this inspection:

Critical Incident Response Inspection Protocol  
Prevention of Abuse and Neglect

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.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		September 16, 2010	