



**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
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 29 & November 4, 2010	2010-120-9616-04NOV152658	Complaint - H-01139

Licensee/Titulaire
The Regional Municipality of Peel, 10 Peel Centre Drive, Suite B, 4th Fl., Brampton, ON L6T 0E5

Long-Term Care Home/Foyer de soins de longue durée
Tall Pines Long Term Care Centre, 1001 Peter Robertson Blvd., Brampton, ON L6R 2Y3

Name of Inspector(s)/Nom de l'inspecteur(s)
Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this complaint inspection was to determine compliance with O. Reg. 15(2)(c) related to equipment maintenance.

During the course of the inspection, the inspector spoke with the Director of Care, Environmental Services Supervisor, maintenance staff and nursing staff. During the course of the inspection, the inspector reviewed the ARJO inspection service logs for each lift, and then physically located and cross-checked each ceiling and mechanical floor lift with the service logs.

The following Inspection Protocol was used: *Accommodation Services - Maintenance*

No findings of Non-Compliance were found during 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 of Report: (if different from date(s) of inspection).
Date:	<i>B. Susnik</i> <i>Dec 10/10</i>