



**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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection October 5, 2010	Inspection No/ d'inspection 2010_147_9618_05Oct135538	Type of Inspection/Genre d'inspection Complaint – H-00734
Licensee/Titulaire The Regional Municipality of Peel 10 Peel Centre Drive Suite A Brampton, ON L6T 4B9		
Long-Term Care Home/Foyer de soins de longue durée Malton Village Long Term Care Center 7075 Rexwood Road Mississauga, ON L4T 4M1		
Name of Inspector Laleh Newell – 147		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Complaint inspection related to lack of care received from staff.

During the course of the inspection, the inspector spoke with:

Director of Care, Administrator, Supervisor of Care, Registered Staff, resident and his spouse.

During the course of the inspection, the inspector:

Reviewed resident's clinical chart and homes complaint log binder and policy and procedure related to complaint intake by the home.

The following Inspection Protocols were used during this inspection:

Reporting and Complaints Inspection Protocol

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.

[Handwritten Signature] Nov 24/10

Title:

Date:

Date of Report: (if different from date(s) of inspection).