



## 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

### 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

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
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119, rue King Ouest, 11<sup>ème</sup> étage  
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Téléphone: 905-546-8294  
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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
November 17 and 18, 2010	2010_141_9618_16Nov111808	Critical Incident H-01588	
<b>Licensee/Titulaire</b> The Regional Municipality of Peel 10 Peel Centre Drive, Suite A, Brampton, On. L6T 4B9			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Malton Village Long Term Care Centre 7075 Rexwood Road, Mississauga, On. L4T 4M1			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Sharlee McNally, Compliance Inspector – Nursing #141			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a critical Incident inspection related to report submitted to Hamilton Service Area Office September 21, 2010.			
During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Supervisor of Care – evenings, registered staff			
During the course of the inspection, the inspector: reviewed the residents records, observed resident in home area			
The following Inspection Protocols were used during this inspection: Responsive Behaviours			
<input checked="" type="checkbox"/> 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: (If different from date(s) of inspection).

*May 30, 2011*