



**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  
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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<b>Date of inspection</b> November 24, 2010	<b>Inspection No/ d'inspection</b> 2010_147_2942_23Nov162655	<b>Type of Inspection/Genre d'inspection</b> Complaint – H-02665
<b>Licensee/Titulaire</b> Holland Christian Homes Inc. 7900 McLaughlin Road South Brampton, ON L6Y 5A7		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Grace Manor 45 Kingknoll Drive Brampton, ON L6Y 5P2		
<b>Name of Inspector/Nom de l'inspecteur</b> Laleh Newell		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Complaint inspection related to insufficient staffing on the units.

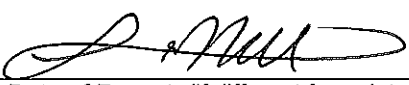
During the course of the inspection, the inspector spoke with:

Director of Care, Administrator, Personal Support Works (PSW) and Registered Practical Nurse (RPN).

During the course of the inspection, the inspector:

Interviewed two PSWs and the RPN on the unit and reviewed the staffing schedule for each unit.

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: _____		 Nov 26/10 Date of Report: (if different from date(s) of inspection).	