



**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
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**Ministère de la Santé et des Soins de
longue durée**

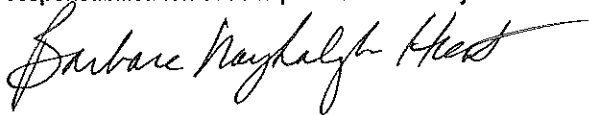
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date de l'inspection November 23, 2010	Inspection No/ d'inspection 2010_146_2951_22Nov081142	Type of Inspection/Genre d'inspection Critical Incident H-01001
Licensee/Titulaire United Mennonite Home, 4024 Twenty-Third Street, Vineland, ON, L0R 2C0		
Long-Term Care Home/Foyer de soins de longue durée United Mennonite Home, 4024 Twenty-Third Street, Vineland, ON, L0R 2C0		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Critical incident inspection related to a missed medication.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care (DOC) and the Infection Control manager.</p> <p>During the course of the inspection, the inspector: reviewed the health file of and observed the resident.</p> <p>The following Inspection Protocols were used during this inspection: Medication Administration</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		

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).	