



**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

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Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 10 and 15, 2010	2010_147_2956_15Nov135839	Critical Incident – H-01810
<b>Licensee/Titulaire</b> Specialty Care Mississauga Inc. 400 Applewood Crescent Suite 110 Vaughan, ON L4K 0C3		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Specialty Care Mississauga Road 4350 Mississauga Road Mississauga, ON L5M 7C8		
<b>Name of Inspector</b>  Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Critical Incident inspection related to resident not having access to call bell during the night and staff not responding to resident's needs in a timely manner.

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

Director of Care, Assistant Administrator, Assistance Director of Care and staff on the unit.

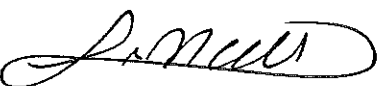
During the course of the inspection, the inspector:

Reviewed resident's clinical records, reviewed policy and procedures related to Falls Prevention and Management, reviewed internal incident report and home's investigation report related to the incident, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

Personal Support Services

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 24/10. Date of Report: (if different from date(s) of inspection).	