



# 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

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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b>	November 9, 2010	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
<b>Licensee/Titulaire</b> The Regional Municipality of Halton, 1151 Bronte Road, Oakville, On. L6M 3L1			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Post Inn Village, 203 Georgian Drive, Oakville, On. L6H 7H9			
<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 complaint inspections received through the info-line received by the Hamilton Service Area Office September 13 and 16, 2010			
During the course of the inspection, the inspector spoke with: the resident, the Administrator, Director of Care, and Registered Nurse Manager.			
During the course of the inspection, the inspector: reviewed the resident's records, observed the resident in the home area environment.			
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.			

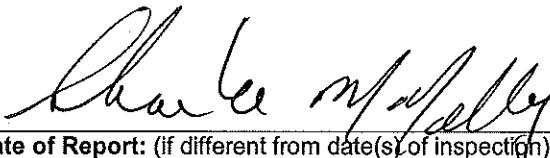


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  
Title:  	Date:  Date of Report: (if different from date(s) of inspection).  