



# 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

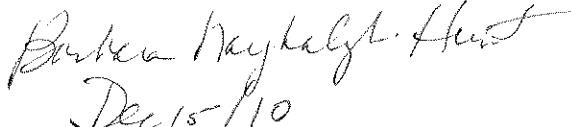
Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Telephone: 905-546-8294  
Facsimile: 905-546-8255

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>th</sup> étage  
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection December 7, 2010	Inspection No/ d'inspection 2010_146_2963_06Dec103253	Type of Inspection/Genre d'inspection Complaint H-02206	
Licensee/Titulaire Haldimand War Memorial Hospital, 206 John Street, Dunnville, ON., N1A 2P7			
Long-Term Care Home/Foyer de soins de longue durée Edgewater Gardens Long Term Care Centre, 428 Broad Street, Dunnville, ON., N1A 2P7			
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection related to violent resident behaviour.			
During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care (DOC), the RAI coordinator, registered staff, a personal support worker and a resident.			
During the course of the inspection, the inspector: did a tour of the home and reviewed the health files of 3 residents.			
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.			

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.   Dec 15/10
Title:	Date:	Date of Report: (if different from date(s) of inspection).