



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prevue 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
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
conformité

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

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

| | | |
|---|---|---|
| Date of inspection/Date de l'inspection 07 January 2011 | Inspection No/ d'inspection 2011_127_2975_07Jan100502 | Type of Inspection/Genre d'inspection Complaint # H-03097 |
|---|---|---|

Licensee/Titulaire
St. Joseph's Health System, 56 Governor's Road, Dundas ON L9H 5G7

Long-Term Care Home/Foyer de soins de longue durée
St. Joseph's Villa, 56 Governor's Road, Dundas ON L9H 5G7

Name of Inspector(s)/Nom de l'inspecteur(s)
Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127

Inspection Summary / Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with the director of care.

During the course of the inspection, the inspector undertook a visual inspection a resident's bedroom and reviewed progress notes and the plan of care.

The following Inspection Protocols were used during this inspection:

- Safe and Secure Home

No Findings of Non-Compliance were found during 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: _____ | Date of Report (if different from date(s) of inspection). <i>18 January 2011</i> |