



**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**

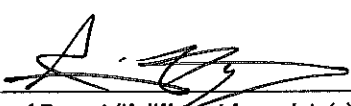
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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

Téléphone: 905-546-8294
Télocopieur: 905-546-8255

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection 27 October 2010	Inspection No/ d'inspection 2010_127_2975_27Oct093550	Type of Inspection/Genre d'inspection Complaint (H-02290)
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		
<p>The purpose of this inspection was to conduct a complaint inspection regarding the call bell system.</p> <p>During the course of the inspection, the inspector spoke with the president and director of care.</p> <p>During the course of the inspection, the inspector undertook a visual inspection of all areas of the home where previous non-compliance was identified and reviewed maintenance-related documentation.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Safe and Secure Home <p><input checked="" type="checkbox"/> No Findings of Non-Compliance were found during 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). 06 December 2010