



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

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
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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
June 17, 2011	2011-159120-0009	H-001130-11 - Complaint	
Licensee/Titulaire			
St. Joseph's Health System, 99 Wayne Gretzky Parkway, Brantford, ON N3S 6T6			
Long-Term Care Home/Foyer de soins de longue durée			
St. Joseph's Lifecare Centre, 99 Wayne Gretzky Parkway, Brantford, ON N3S 6T6			
Name of LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyers de soins de longue duree			
Bernadette Susnik, Environmental Health #120			
Inspection Summary/Sommaire d'inspection			
The purpose of this visit was to conduct a complaint inspection related to indoor air temperatures.			
During the course of the inspection, the inspector spoke with the Administrator, Manager of Support Services, maintenance and nursing staff.			
During the course of the inspection, the inspector took temperatures of a resident room, dining room and adjacent corridors of one home area, reviewed policies and procedures and maintenance records related to temperature monitoring.			
The following Inspection Protocol was used during this inspection:			
<ul style="list-style-type: none">• Safe and Secure Home			
No findings of Non-Compliance were found during this inspection.			
Signature of Licensee or Designated Representative Signature du Titulaire ou 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>July 18/11</i>	