



**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

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

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> 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

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<b>Date(s) of inspection/Date de l'inspection</b> Janury 14, 2011	<b>Inspection No/ d'inspection</b> 2011_146_8501_14Jan192106	<b>Type of Inspection/Genre d'inspection</b> Complaint H-02849
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**Licensee/Titulaire**  
Albright Gardens Homes Incorporated, 5050 Hillside Drive, Beamsville, ON., L0R 1B2

**Long-Term Care Home/Foyer de soins de longue durée**  
Albright Gardens Homes Incorporated, 5050 Hillside Drive, Beamsville, ON., L0R 1B2

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Barbara Naykalyk-Hunt, #146

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: the Administrator and the Resident Accommodations Coordinator

During the course of the inspection, the inspector: reviewed the information related to an identified person.

There are no findings of Non-Compliance as a result of this inspection.

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>	<b>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.</b>
<b>Title:</b>	<b>Date of Report:</b> (if different from date(s) of inspection).
<b>Date:</b>	