



**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

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**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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		Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b> December 02, 2010	<b>Inspection No/ d'inspection</b> 2010_102_2658_02Dec135955	<b>Type of Inspection/Genre d'inspection</b> Complaint Log # O-002518	
<b>Licensee/Titulaire</b> Chartwell Master Care LP 100 Milverton Drive., Suite 700 Mississauga, Ontario L5H 4R1 Fax# 905 501 0813			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Ballycliffe Lodge Nursing Home 70 Station Street Ajax, Ontario L1S 1R9 Fax # 905 427 5846			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Wendy Berry (102)			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a complaint inspection related to the resident-staff communication and response system.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, a Registered Practical Nurse (RPN) several Person Support Workers (PSWs), and a resident.</p> <p>During the course of the inspection, the inspector: checked the operation of the communication and response system on 2<sup>nd</sup> floor, reviewed the 2<sup>nd</sup> floor maintenance log, reviewed the posted Resident and Family Council meeting minutes for September 2010.</p> <p>The following Inspection Protocol was used during this inspection: Safe and Secure Home.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>			



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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: December 03, 2010	