



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

**Rapport d'inspection
prévus 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
conformité

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☐ Licensee Copy/Copie du Titulaire			☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection April 5&6, 2011	Inspection No/ d'inspection 2011_154_9503_06Apr120635	Type of Inspection/Genre d'inspection Complaint Log S-00708	
Licensee/Titulaire Board of Management of the District of Parry Sound West 21 Belvedere Avenue, Parry Sound ON P2A 2A2 Fax: 705-774-7300			
Long-Term Care Home/Foyer de soins de longue durée Belvedere Heights, 21 Belvedere Avenue, Parry Sound ON P2A 2A2 Fax: 705-774-7300			
Name of Inspector(s)/Nom de l'inspecteur(s) Gail Peplinskie #154			
Inspection Summary/Sommaire d'inspection			

The purpose of this inspection was to conduct a Complaint Inspection related to resident care.

During the course of the inspection, the inspector spoke with:

- Administrator
- Director of Care
- Registered Nursing Staff
- Personal Support Workers (PSW)
- Resident related to this inspection

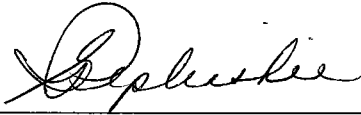
During the course of the inspection, the inspector :

- Reviewed the health care record of a resident
- Walked throughout all four resident home areas
- Reviewed the home's Prevention of Abuse and Neglect Policy (copy attached)
- Reviewed the home's education program related to Residents' Rights and Prevention of Abuse
- Reviewed Policy "Confidentiality Policy Staff and Volunteers"
- Reviewed Policy "Protecting Privacy of Personal Health Information"
- Reviewed Policy "Disclosure and Consent"

The following Inspection Protocols were used during this inspection:

- Prevention of Abuse, Neglect & Retaliation
- Dignity, Choice and Privacy

☒ There are no findings of Non-Compliance as a result of 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: <i>May 17/11</i>	