



**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

**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

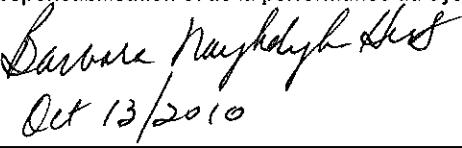
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|---|---|--|
| Date(s) of inspection/Date de l'inspection<br>September 22, 23, 2010  | Inspection No/ d'inspection<br>2010_146_2909_23Sept111520 | Type of Inspection/Genre d'inspection<br>Critical Incident H-00836 |
| <b>Licensee/Titulaire</b><br><br>Henley House Limited, 200 Ronson Drive, Suite 305, Toronto, On., M9W 5Z9<br><b>Long-Term Care Home/Foyer de soins de longue durée</b><br>The Henley House, 20 Ernest Avenue, St Catharines, On., L2N 7T2   |   |  |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br><br>Barbara Naykalyk-Hunt, LTC Homes Inspector, Nursing #146  |   |  |
| <b>Inspection Summary/Sommaire d'inspection</b><br><br>The purpose of this inspection was to conduct a Critical Incident inspection regarding a resident fall.<br><br>During the course of the inspection, the inspector spoke with: the Administrator, The Director of Care and 2 registered staff.<br><br>During the course of the inspection, the inspector: did a health file review<br><br><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection. |   |  |

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|--|-------|--|
| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire ou du représentant désigné |       | Signature of Health System Accountability and Performance Division<br>representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.<br><br><br>Oct 13/2010 |
| Title:   | Date: | Date of Report: (if different from date(s) of inspection).   |