



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

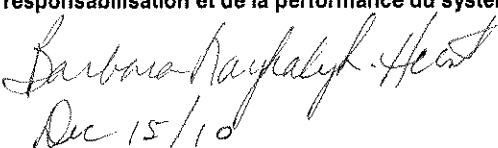
Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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|---|-----------------------------|---|--|
| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'Inspection | |
| December 1, 2010 | 2010_146_2909_30Nov180705 | Critical Incident H-01956 | |
| Licensee/Titulaire | | | |
| Henley House Limited, 200 Ronson Drive, Suite 306, Toronto, ON., M9W 5Z9 | | | |
| Long-Term Care Home/Foyer de soins de longue durée | | | |
| The Henley House, 20 Ernest Street, St Catharines, ON., L2N 7T2 | | | |
| 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 Critical Incident inspection related to a resident who fell several times and was injured. | | | |
| During the course of the inspection, the inspector spoke with: the administrator, the Director of Care, the Assistant Director of Care and registered staff | | | |
| During the course of the inspection, the inspector: reviewed the health file of the identified resident. | | | |
| The following Inspection Protocols were used during this inspection: Falls | | | |
| <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 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.  Dec 15/10 |
| Title: | Date: |
| Date of Report: (if different from date(s) of inspection). | |