



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

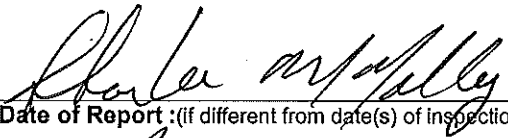
Hamilton Service Area Office
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Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prevue de le Loi de 2007 les foyers de soins de longue durée <input checked="" type="checkbox"/> Copie de la Public <input type="checkbox"/> Copie du Titulaire	
Date(s) of inspection/Date de l'inspection August 12, 13, 2010		Inspection No/ d'inspection 2010_141_2124_12Aug114056	Type of Inspection/Genre d'inspection Complaint H-00244
Licensee/Titulaire The Royal Crest Lifecare Group Inc., c/o Ernst and Young Inc., 222 Bay Street, TD Centre, P.O. Box 251, Toronto, ON, M5K 1J7			
Long-Term Care Home/Foyer de soins de longue durée Mississauga Lifecare Centre, 55 Queensway West, Mississauga, ON L5B 1B5			
Name of Inspector(s)/Nom de l'inspecteur(s) Sharlee McNally, LTC Inspector - Nursing #141			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a complaint inspection received at the Hamilton Service Area Office on July 19, 2010 (info-line IL-13867-HA, log #00244).</p> <p>The inspection was conducted by 1 inspector.</p> <p>The inspection occurred on August 12 and 13, 2010.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Assistant Administrator, Director of Care, nursing staff, PSWs, and resident.</p> <p>The following Inspection Protocols were used during this inspection: Dignity, Choice and Privacy</p> <p>0 Findings of Non-Compliance were found during this inspection.</p>			

Signature of Licensee of Designated Representative 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 : (if different from date(s) of inspection). <i>May 30, 2011</i>