



# 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  
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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'Inspection	Type of Inspection/Genre d'inspection
April 27, 2011		
2011-120-2364-04MAY124651		
H-00391-11 – Critical Incident		
<b>Licensee/Titulaire</b>		
Revera Long-Term Care Inc., 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga, ON, L5R 4B2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Garden City Manor, 168 Scott Street, St. Catharines, ON L2N 1H2		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Bernadette Susnik, Environmental Health #120		
<b>Inspection Summary/Sommaire d'inspection</b>		

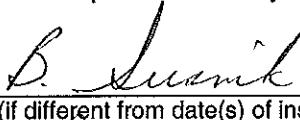
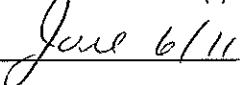
The purpose of this inspection was to conduct a follow up to a Critical Incident Report that was submitted to the Ministry of Health and Long-Term Care regarding verbal abuse.

During the course of the inspection, the inspector spoke with the Director of Care. During the course of the inspection, the inspector reviewed the identified resident's records, the home's investigative documentation into the incident and the home's abuse policy.

The following Inspection Protocol was used during the Inspection:

- *Prevention of Abuse, Neglect and Retaliation*

**There are no findings of Non-Compliance as a result of this inspection.**

Signature of Licensee or Representative of Licensee Signature du Titulaire ou 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).  