

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division.
Performance Improvement and Compliance Branch

 Toronto Service Area Office
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Toronto ON M4V 2Y7

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Toronto, ON M4V 2Y7

**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 October 12, 2010	Inspection No/ d'inspection 2010_162_2914_12Oct082237	Type of inspection/Genre d'inspection Complaint T-1795
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Licensee/Titulaire
Victoria Village Inc.
78 Ross Street, Barrie, Ontario L4N 1G3

Long-Term Care Home/Foyer de soins de longue durée
Victoria Village Manor
78 Ross Street, Barrie, Ontario L4N 1G3

Name of Inspector(s)/Nom de l'inspecteur(s)
Tiina Tralman #162

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector(s) spoke with:

- Administrator,
- Director of Care,
- Assistant Director of Care,
- Registered staff,
- Personal Support Workers,
- Nutrition Manager,
- Recreation staff,
- Dietary Aide,

During the course of the inspection, the inspector(s): reviewed identified residents plan of care, observed meal, snack service.

The following Inspection Protocols were used in part or in whole during this inspection:

- Nutrition and Hydration Inspection Protocol,
- Dining Observation Inspection Protocol.

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



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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

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. <i>Jina Halman</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>October 13, 2010</i>