



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prevue 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

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton, ON L8P 4Y7

**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

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

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
09 March 2011	2011_127_2855_09Mar142610	Follow Up # H-00531

Licensee/Titulaire
Villa Forum, 175 Forum Drive, Mississauga ON L4Z 4E5

Long-Term Care Home/Foyer de soins de longue durée
Villa Forum, 175 Forum Drive, Mississauga ON L4Z 4E5

Name of Inspector(s)/Nom de l'inspecteur(s)
Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127

Inspection Summary / Sommaire d'inspection

The purpose of this visit was to conduct a follow up inspection regarding written notification #1 from inspection 2010_120_2855_26Nov164147 issued 24 November 2010.

During the course of the inspection, the inspector spoke with the administrator and environmental services manager.

During the course of the inspection, the inspector reviewed maintenance related documentation and inspected all areas where previous non-compliance was identified.

The following Inspection Protocols were used during this inspection:


- Accommodation Services – Housekeeping
- Accommodation Services – Maintenance

No findings of non-compliance were found during this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



CORRECTED NON-COMPLIANCE / Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, c.8., s. 15	WN #1		2010_120_2855_26Nov164147	127

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.	
Title: _____ Date: _____		 Date of Report (if different from date(s) of inspection). 10 March 2011	