



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

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*

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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	
November 8 and 9, 2010	2010_147_2881_09Nov104851	Critical Incident – H-02015 and H-02016	
Licensee/Titulaire Oakwood Retirement Communities Inc. 325 Max Becker Drive Suite 201 Kitchener, ON N2E 4H5			
Long-Term Care Home/Foyer de soins de longue durée The Village of Erin Meadows 2930 Erin Center Boulevard Mississauga, Ontario L5M 7M4			
Name of Inspector Laleh Newell - #147			
Inspection Summary/Sommaire d'inspection			



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The purpose of this inspection was to conduct a Critical Incident inspection related to report of staff to resident physical abuse by visitors in the home.

During the course of the inspection, the inspector spoke with:

Director of Care, Assistant Director of Care, RAI Coordinator, Administrator, staff and resident.

During the course of the inspection, the inspector:

Reviewed resident's clinical chart, reviewed home's policy and procedure related to Abuse, reviewed internal incident and investigation reports, observed care, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

- Prevention of Abuse & Neglect

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

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.  Nov 24/16.
Title: _____	Date: _____