



**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

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

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> étage  
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**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
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<b>Date(s) of inspection/Date de l'inspection</b> September 27 and 28, 2010	<b>Inspection No/ d'inspection</b> 2010_147_2859_27Sep142404	<b>Type of Inspection/Genre d'inspection</b> Critical Incident – H-00527
<b>Licensee/Titulaire</b> Oakwood Retirement Communities Inc. 325 Max Becker Drive Suite 201 Kitchener, ON N2E 4H5		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> The Village of Sandalwood Park 425 Great Lakes Drive Brampton, ON L6R 2W8		
<b>Name of Inspector</b> Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Critical Incident inspection related to resident to resident aggression.

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

- Director of Care, RAI coordinator, staff and resident.

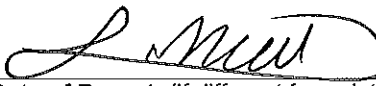
During the course of the inspection, the inspector:

- Reviewed resident's clinical chart, reviewed home's policy and procedure related to Resident to Resident 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:

- Responsive Behaviours Inspection Protocol
- Pain Inspection Protocol

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.	
Title: _____ Date: _____		 Nov 2/12 Date of Report: (if different from date(s) of inspection).	