



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

**Rapport d'inspection
prévus 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

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 3, 2010	2010_129_2854_03Nov055431	Complaint (#H-01235)

Licensee/Titulaire

Oakwood Retirement Communities Incorporated; 325 Max Becker Drive, Suite 201, Kitchener, ON, N2E 4H5

Long-Term Care Home/Foyer de soins de longue durée

The Villages of Tansley Woods, 4100 Upper Middle Road, Burlington, ON, L7M 4W8

Name of Inspector(s)/Nom de l'inspecteur(s)

Phyllis Hiltz-Bontje #129

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint.

During the course of the inspection, the inspector(s) spoke with: the resident, Director of Care and Personal Support Workers.

During the course of the inspection, the inspector(s): Reviewed the Intake and Summary Form, the health care record and observed the resident.

The following Inspection Protocols were used in part or in whole during this inspection: Dignity, Choice and Privacy.

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: _____	Date of Report: (if different from date(s) of inspection). <i>August 29, 2011</i>