



# 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

**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

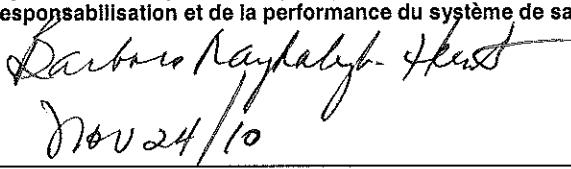
Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

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

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>th</sup> étage  
Hamilton ON L8P 4Y7

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Date(s) of inspection/Date de l'inspection<br>November 22, 23, 2010                                                                                                                | Inspection No/ d'inspection<br>2010_146_2951_22Nov111734 | Type of Inspection/Genre d'inspection<br>Complaint H-01381, 01454, 01455 |                                                                                                                        |
| Licensee/Titulaire<br>United Mennonite Home, 4024 Twenty-Third Street, Vineland, ON., L0R 2C0                                                                                      |                                                          |                                                                          |                                                                                                                        |
| Long-Term Care Home/Foyer de soins de longue durée<br>United Mennonite Home, 4024 Twenty-Third Street, Vineland, ON., L0R 2C0                                                      |                                                          |                                                                          |                                                                                                                        |
| Name of Inspector(s)/Nom de l'inspecteur(s)<br>Barbara Naykalyk-Hunt, #146                                                                                                         |                                                          |                                                                          |                                                                                                                        |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                    |                                                          |                                                                          |                                                                                                                        |
| The purpose of this inspection was to conduct a complaint inspection related to medications.                                                                                       |                                                          |                                                                          |                                                                                                                        |
| During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care, the Infection Control manager, a physiotherapy assistant and the resident. |                                                          |                                                                          |                                                                                                                        |
| During the course of the inspection, the inspector: reviewed the resident's health file and interviewed the resident                                                               |                                                          |                                                                          |                                                                                                                        |
| The following Inspection Protocols were used during this inspection: Medication administration                                                                                     |                                                          |                                                                          |                                                                                                                        |
| <input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.                                                                        |                                                          |                                                                          |                                                                                                                        |

|                                                                                                       |       |                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné |       | Signature of Health System Accountability and Performance Division<br>representative/Signature du (de la) représentant(e) de la Division de la<br>responsabilisation et de la performance du système de santé.<br><br><br>Nov 24/10 |
| Title:                                                                                                | Date: | Date of Report: (if different from date(s) of inspection).                                                                                                                                                                                                                                                              |