



**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
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Hamilton ON L8P 4Y7

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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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|---|---|---|
| Date(s) of inspection/Date de l'inspection November 10 and 15, 2010 | Inspection No/ d'inspection 2010_147_2956_15Nov135742 | Type of Inspection/Genre d'inspection Complaint – H-01164 |
| Licensee/Titulaire Specialty Care Mississauga Inc. 400 Applewood Crescent Suite 110 Vaughan, ON L4K 0C3 | | |
| Long-Term Care Home/Foyer de soins de longue durée Specialty Care Mississauga Road 4350 Mississauga Road Mississauga, ON L5M 7C8 | | |
| Name of Inspector Laleh Newell - #147 | | |
| Inspection Summary/Sommaire d'inspection | | |



The purpose of this inspection was to conduct a Complaint inspection related to resident not receiving care as per resident's needs.

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

Director of Care, Assistant Administrator, Assistance Director of Care and staff on the unit.

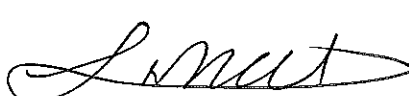
During the course of the inspection, the inspector:

Reviewed resident's clinical records, reviewed policy and procedures related to Enteral Feeding, reviewed internal incident report and home's investigation report related to the incident, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

Personal Support Services

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

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|---|-------|--|--|
| 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 24/10. | |
| Title: | Date: | Date of Report: (if different from date(s) of inspection). | |
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