



**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**

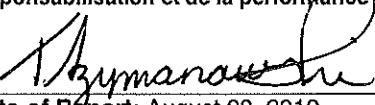
Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Hamilton Service Area Office  
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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
July 28, 2010	2010-165-9620-23Jul141542	Complaint Inspection H-00468
Licensee/Titulaire		
The Regional Municipality of Halton 1151 Bronte Road, Oakville, ON L6M 3L1		
Long-Term Care Home/Foyer de soins de longue durée Post Inn Village 203 Georgian Drive, Oakville, ON L6H 7H9		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Tammy Szymanowski LTC Home Inspector, Inspector ID#165		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection that was received by the Hamilton Service Area Office.		
During the course of the inspection, the inspector spoke with: the resident, the Registered Dietitian, and the Manager of Resident Care.		
During the course of the inspection, the inspector: reviewed the resident's clinical record, reviewed the homes menu and the resident's individualized menu, and observed the lunch meal on the identified home area.		
The following Inspection Protocols were used during this inspection: Nutrition and Hydration Inspection Protocol.		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		
Signature of Licensee or Representative of Licensee Signature du Titulaire ou 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: August 23, 2010