



**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, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ém} 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
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Date(s) of inspection/Date de l'inspection November 9, 2010	Inspection No/ d'inspection 2010_141_9620_08Nov153832	Type of Inspection/Genre d'inspection Complaint H-01447, H-01382, H-01386
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) Sharlee McNally, Compliance Inspector – Nursing #141		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct complaint inspections received through the info-line received by the Hamilton Service Area Office September 13 and 16, 2010</p> <p>During the course of the inspection, the inspector spoke with: the resident, the Administrator, Director of Care, and Registered Nurse Manager.</p> <p>During the course of the inspection, the inspector: reviewed the resident's records, observed the resident in the home area environment.</p> <p>The following Inspection Protocols were used during this inspection: Responsive Behaviours</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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). May 30, 2011	