



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

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

**Ministère de la Santé et des Soins de  
longue durée**

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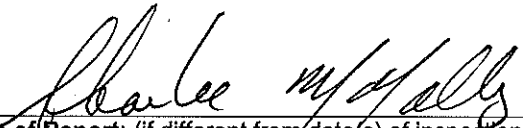
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Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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<b>Date(s) of inspection/Date de l'inspection</b> November 9, 2010	<b>Inspection No/ d'inspection</b> 2010_141_9620_08Nov153832	<b>Type of Inspection/Genre d'inspection</b> Complaint H-01652
<b>Licensee/Titulaire</b> The Regional Municipality of Halton, 1151 Bronte Road, Oakville, On. L6M 3L1		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Post Inn Village, 203 Georgian Drive, Oakville, On. L6H 7H9		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Sharlee McNally, Compliance Inspector – Nursing #141		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection received through the info-line received by the Hamilton Service Area Office September 27, 2010</p> <p>During the course of the inspection, the inspector spoke with: the resident, the Administrator, Director of Care, Social Worker 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).  