



**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>ém</sup> étage  
Hamilton ON L8P 4Y7

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

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

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

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>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
April 6, 2011	2011_167_2975_06Apr095006	Complaint H-00462
<b>Licensee/Titulaire</b>		
St. Joseph's Health System 56 Governor's Road Dundas, Ontario L9H 5G7		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
St. Joseph's Villa 56 Governor's Road Dundas, Ontario L9H 5G7		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Marilyn Tone # 167		
<b>Inspection Summary/Sommaire d'inspection</b>		

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

St. J. Villa  
56 Governor's Road  
Dundas, Ontario  
L9H 5G7

Inspector: \_\_\_\_\_

St. J. Villa  
56 Governor's Road  
Dundas, Ontario  
L9H 5G7



The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: the Acting Director of Care, the Manager for the unit, the Registered Practical Nurse on the unit and personal support worker staff.

During the course of the inspection, the inspector: conducted of review of the health file for the identified resident and observed care on the unit where the resident resides.

The following Inspection Protocol was used during this inspection:  
Pain Inspection Protocol.

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

Unit:  
Date:  
Time:

Inspector:  
Date:  
Time:

**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.**

*Marilyn Love*

**Title:**

**Date:**

**Date of Report: (if different from date(s) of inspection).**

April 11, 2011