



**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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

**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

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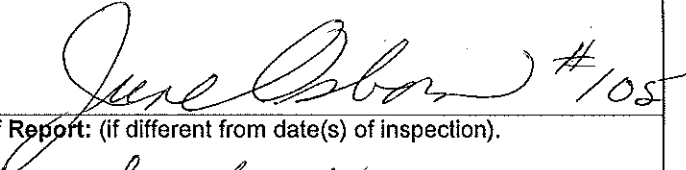

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|---|---|---|
| Date(s) of inspection/Date de l'inspection August 31, 2010 | Inspection No/ d'inspection 2010_105_2979_31Aug104319 | Type of Inspection/Genre d'inspection Complaint L-00853 |
| Licensee/Titulaire The Homewood Corporation 150 Delhi St. Guelph ON N1E 6K9 | | |
| Long-Term Care Home/Foyer de soins de longue durée The Village of Glendale Crossing 3030 Singleton Ave. London ON N6L 0B6 | | |
| Name of Inspector/Nom de l'inspecteur(s) June Osborn #105 | | |
| Inspection Summary/Sommaire d'inspection | | |
| <p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with the General Manager, the DOC, the RAI-coordinator, 2 psws.</p> <p>During the course of the inspection, the inspector reviewed the medical records of 3 residents and the in-house incident reports of 3 residents.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> | | |



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