



**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**

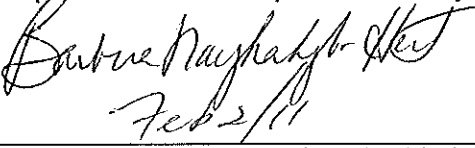
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection January 21, 26, 2011	Inspection No/ d'inspection 2011_146_2364_20Jan115334	Type of Inspection/Genre d'inspection Complaint H-02904
Licensee/Titulaire Revera Long Term Care, 55 Standish Court, 8 th floor, Mississauga, ON., L5R 4B2		
Long-Term Care Home/Foyer de soins de longue durée Garden City Manor, 168 Scott Street, St Catharines, ON., L2H 1H2		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
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 Administrator, two Associate Directors of Care and the registered dietitian.</p> <p>During the course of the inspection, the inspector: reviewed the health file of an identified resident.</p> <p>The following Inspection Protocols were used during this inspection: Nutrition and Hydration</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.  Feb 2/11
Title:	Date:
Date of Report: (if different from date(s) of inspection).	