



**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^{ème} 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
Télocopieur: 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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 27, 2011	2011-120-2364-4May130416	H-00383-11 - Complaint
Licensee/Titulaire		
Revera Long-Term Care Inc., 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 L2N 1H2		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Bernadette Susnik, LTC Homes Inspector- Environmental Health #120		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this visit was to conduct a complaint inspection related to verbal abuse.</p> <p>During the course of the inspection, the inspector spoke with the Director of Care and Office Manager. During the course of the inspection, the inspector reviewed an identified resident's records, the home's investigative documentation into the incident and the home's abuse policy.</p> <p>The following Inspection Protocol was used during the inspection:</p> <ul style="list-style-type: none"> <i>Prevention of Abuse, Neglect and Retaliation</i> <p>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). <i>June 6/11</i>