



**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

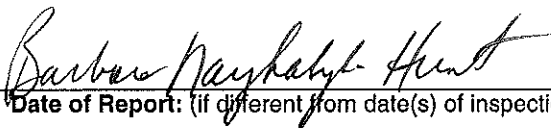
**Ministère de la Santé et des Soins de
longue durée**

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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☐ Licensee Copy/Copie du Titulaire			☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection Janury 14, 2011	Inspection No/ d'inspection 2011_146_8501_14Jan192106	Type of Inspection/Genre d'inspection Complaint H-02849	
Licensee/Titulaire Albright Gardens Homes Incorporated, 5050 Hillside Drive, Beamsville, ON., L0R 1B2			
Long-Term Care Home/Foyer de soins de longue durée Albright Gardens Homes Incorporated, 5050 Hillside Drive, Beamsville, ON., L0R 1B2			
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection. During the course of the inspection, the inspector spoke with: the Administrator and the Resident Accommodations Coordinator During the course of the inspection, the inspector: reviewed the information related to an identified person. ☒ There are no findings of Non-Compliance as a result of this inspection.			

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).	