Ontario

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

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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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 20 & 24, 2010	2010_167_2930Aug20093412	Other -CIS

Licensee/Titulaire

The Thomas Health Care Corporation, 490 Highway # 8, Stoney Creek, Onatrio L8G1G6

Long-Term Care Home/Foyer de soins de longue durée

Arbour Creek Long-Term Care Centre, 2717 King Street East, Hamilton, Ontario L8G1J3

Name of Inspector(s)/Nom de l'inspecteur(s)

Marilyn Tone, Nursing - # 167

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an Other inspection - follow up to a critical incident report.

During the course of the inspection, the inspector(s) spoke with:

Members of the management team including the Administrator, the Director of Care, the Registered Staff member working on the unit and the resident involved.

During the course of the inspection, the inspector:

Observed staff interaction with residents on the unit, reviewed the resident's health file, reviewed the record of training provided by the home related to abuse, policies and procedures related to abuse and reporting of abuse.

The following Inspection Protocols were used in part or in whole during this inspection:

Critical Incident Response Inspection Protocol
Prevention of Abuse and Neglect

☒ 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. Marilyn Love
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). September 16, 2010