



**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**

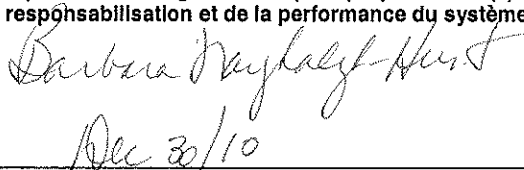
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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 December 8, 10, 2010	Inspection No/ d'inspection 2010_146_2618_07Dec162044	Type of Inspection/Genre d'inspection Complaint H-02160
Licensee/Titulaire Chartwell Master Care LP, 100 Milverton Drive, Suite 700, Mississauga, ON., L5R 4H1		
Long-Term Care Home/Foyer de soins de longue durée Chateau Gardens Long Term Care Centre, 120 Wellington Street, Niagara on the Lake, ON., L0S 1J0		
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 Director of Care. During the course of the inspection, the inspector: reviewed the health file of an identified resident. The following Inspection Protocols were used during this inspection: Dignity, Choice and Privacy. ☒ 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.  Dec 30/10
Title:	Date:
Date of Report: (if different from date(s) of inspection).	