



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus 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^{ième} étage
Hamilton ON L8P 4Y7

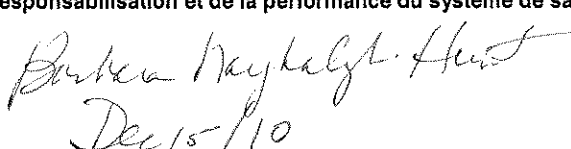
**Ministère de la Santé et des Soins de
longue durée**

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 December 7, 2010	Inspection No/ d'inspection 2010_146_2963_06Dec103253	Type of Inspection/Genre d'inspection Complaint H-02206
Licensee/Titulaire Haldimand War Memorial Hospital, 206 John Street, Dunnville, ON., N1A 2P7		
Long-Term Care Home/Foyer de soins de longue durée Edgewater Gardens Long Term Care Centre, 428 Broad Street, Dunnville, ON., N1A 2P7		
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 related to violent resident behaviour. During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care (DOC), the RAI coordinator, registered staff, a personal support worker and a resident. During the course of the inspection, the inspector: did a tour of the home and reviewed the health files of 3 residents. The following Inspection Protocols were used during this inspection: Responsive behaviours ☒ 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 15/10
Title:	Date:
Date of Report: (if different from date(s) of inspection).	