



**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

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ème</sup> étage  
London ON N6B 1R8

**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: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

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|                                                                                                |                                                                 |                                                                                                  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Dates of inspection/Date de l'inspection</b><br>September 27, 2010                          | <b>Inspection No/ d'inspection</b><br>2010_105_8593_27Sep094404 | <b>Type of Inspection/Genre d'inspection</b><br>Mandatory Report L-01167 re:<br>incompetent care |
| <b>Licensee/Titulaire</b><br>Tri-County Mennonite Homes 200 Brullee St. New Hamburg ON N3A 2K4 |                                                                 |                                                                                                  |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Greenwood Court                   |                                                                 |                                                                                                  |
| <b>Name of Inspector/Nom de l'inspecteur(s)</b><br>June Osborn #105                            |                                                                 |                                                                                                  |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                |                                                                 |                                                                                                  |

The purpose of this inspection was to conduct a Mandatory Report inspection, re: incompetent care

During the course of the inspection, the inspector spoke with the administrator and the assistant DOC.

During the course of the inspection, the inspector heard from the administrator the events leading to the submitted critical incident, obtained a copy of the letter from the family as requested by the home, and reviewed the medical record.

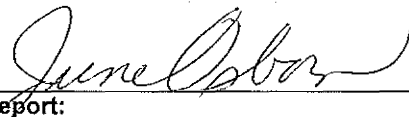
☒ There are no findings of Non-Compliance as a result of this inspection.



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| <b>Signature of Licensee or Representative of Licensee</b><br><b>Signature du Titulaire du représentant désigné</b> |              | <b>Signature of Health System Accountability and Performance Division<br/>representative/Signature du (de la) représentant(e) de la Division de la<br/>responsabilisation et de la performance du système de santé.</b> |  |
|                                                                                                                     |              |                                                                                                                                       |  |
| <b>Title:</b>                                                                                                       | <b>Date:</b> | <b>Date of Report:</b><br>October 1, 2010                                                                                                                                                                               |  |
|                                                                                                                     |              |                                                                                                                                                                                                                         |  |