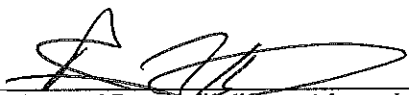


**Ministry of Health and Long-Term Care**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**Ministère de la Santé et des Soins de longue durée**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformitéHamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7Telephone: 905-546-8294  
Facsimile: 905-546-8255Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
Hamilton, ON L8P 4Y7Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                          |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Inspection Report under the LTC Homes Act, 2007</b><br><input checked="" type="checkbox"/> Public Copy<br><input type="checkbox"/> Licensee Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b><br><input type="checkbox"/> Copie du Titulaire<br><input type="checkbox"/> Copie de la Publique |                                                                      |
| <b>Date(s) of inspection/Date de l'inspection</b><br>06 August 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Inspection No/ d'inspection</b><br>2010_127_2776_05Aug093016                                                                                                                          | <b>Type of Inspection/Genre d'inspection</b><br>Complaint<br>H-00172 |
| <b>Licensee/Titulaire</b><br>Heritage Green Nursing Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                          |                                                                      |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Heritage Green Nursing Home, 353 Isaac Brock Drive, Stoney Creek, ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                          |                                                                      |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Richard Hayden – LTC Homes Inspector – Environmental Health #127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                          |                                                                      |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                          |                                                                      |
| The purpose of this inspection was to conduct a complaint inspection respecting the safety and proper functioning of bed rails.<br><br>The inspection was conducted by one (1) inspector, named above, on 06 August 2010. The inspector was in the home for one (1) day. During the course of the inspection, the inspector spoke with the administrator, assistant administrator, director of care, assistant manager - maintenance and one resident. The following Inspection Protocols were used in part or in whole during this inspection: <ul style="list-style-type: none"><li>• Accommodation Services – Maintenance</li><li>• Safe and Secure Home</li></ul> No findings of Non-Compliance were found during this inspection. |  |                                                                                                                                                                                          |                                                                      |

|                                                                                                                    |              |                                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Signature of Licensee of Designated Representative</b><br><b>Signature du Titulaire du représentant désigné</b> |              | <b>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.</b> |  |
|                                                                                                                    |              |                                                                                                                             |  |
| <b>Title:</b>                                                                                                      | <b>Date:</b> | <b>Date of Report (if different from date(s) of inspection).</b>                                                                                                                                                |  |