



**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

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347 Preston St., 4th Floor
Ottawa ON K1S 3J4

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**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
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 15/10	2010_166_9630_22Nov100058	Log#O-0001598 Complaint

Licensee/Titulaire
Regional Municipality of Durham Fax 905 666-6221
605 Rossland Road East
Whitby, ON
L1N 6A3

Long-Term Care Home/Foyer de soins de longue durée
Hillsdale Terraces Fax 905 579-4420
600 Oshawa Blvd. North
Oshawa ON
L1G5T9

Name of Inspector(s)/Nom de l'inspecteur(s)
Caroline Tompkins #166

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to treatment procedures.

During the course of the inspection, the inspector spoke with: the Director of Care, a member of the registered nursing staff and the resident.

During the course of the inspection, the inspector: reviewed the resident's clinical records, medication administration records and medication labels for directions on how to administer the resident's anti-convulsive medications.

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.

Title: Date: Date of Report: (if different from date(s) of inspection).