



**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^{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

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Date(s) of Inspection/Date de l'inspection
December 14, 2010

Inspection No/ d'inspection
2010_146_9551_14Dec081957

Type of Inspection/Genre d'inspection
Mandatory/CI H-02815

Licensee/Titulaire

The Regional Municipality of Niagara, 2201 St David's Road, Thorold, ON., L2V 4T7

Long-Term Care Home/Foyer de soins de longue durée

Linhaven, 403 Ontario Street, St Catharines, ON., L2N 1L5

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 Critical Incident/ Mandatory Report inspection.

During the course of the inspection, the inspector spoke with: the Administrator, the Associate Director of Care, an identified resident and family.

During the course of the inspection, the inspector: reviewed the health file of an identified resident and met with the resident and family member.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation

☒ 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.**

Barbara Naykalyk-Hunt

Title:

Date:

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