Ontario

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

# Rapport d'inspection prévue 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

**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255


☐ **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** |
|---|---|---|
| December 9, 2010 | 2010-120-2124-09DEC083001 | Complaint - H-02825 |

**Licensee/Titulaire**

The Royal Crest Lifecare Group Inc., c/o Ernst and Young Inc. - 222 Bay Street, TD Centre, P.O. Box 251, Toronto, ON M5K 1J7

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

Mississauga Lifecare Centre, 55 Queensway West, Mississauga, ON, L5B 1B5

**Name of Inspector(s)/Nom de l'inspecteur(s)**

Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

## Inspection Summary/Sommaire d'inspection

The purpose of this complaint inspection was to determine if the home has adequate hot water as per O. Reg. 79/10, s. 90(1)(i).

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Personal Service workers, nursing staff, maintenance staff, family members and residents.

During the course of the inspection, the inspector measured the temperature of the hot water in resident washrooms and in shower rooms on all three floors. Hot water temperature logs were also reviewed between September and December 8, 2010.

The following Inspection Protocol was used: *Accommodation Services - Maintenance*

☒ No findings of non-compliance were found during 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). Dec. 9/10 |