



**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

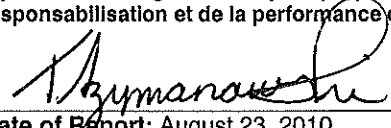
Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection July 28, 2010	Inspection No/ d'inspection 2010-165-9620-23Jul141542	Type of Inspection/Genre d'inspection Complaint Inspection H-00468
Licensee/Titulaire The Regional Municipality of Halton 1151 Bronte Road, Oakville, ON L6M 3L1		
Long-Term Care Home/Foyer de soins de longue durée Post Inn Village 203 Georgian Drive, Oakville, ON L6H 7H9		
Name of Inspector(s)/Nom de l'inspecteur(s) Tammy Szymanowski LTC Home Inspector, Inspector ID#165		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection that was received by the Hamilton Service Area Office. During the course of the inspection, the inspector spoke with: the resident, the Registered Dietitian, and the Manager of Resident Care. During the course of the inspection, the inspector: reviewed the resident's clinical record, reviewed the homes menu and the resident's individualized menu, and observed the lunch meal on the identified home area. The following Inspection Protocols were used during this inspection: Nutrition and Hydration Inspection Protocol. ☒ 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: August 23, 2010