



**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
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Hamilton ON L8P 4Y7

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119, rue King Ouest, 11^{ième} 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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☐ Licensee Copy/Copie du Titulaire			☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection September 9, 2010	Inspection No/ d'inspection 2010_167_8558_09Sep105528	Type of Inspection/Genre d'inspection H-00438 Inspection related to CIS report	
Licensee/Titulaire Shalom Manor Long Term Care Home, 12 Bartlet Avenue, Grimsby, Ontario L3M 4N5			
Long-Term Care Home/Foyer de soins de longue durée Shalom Manor Long Term Care Home, 12 Bartlet Avenue, Grimsby, Ontario L3M 4N5			
Name of Inspector(s)/Nom de l'inspecteur(s) Marilyn Tone, Nursing- # 167			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct an Other Inspection – follow up to a Critical Incident Report. During the course of the inspection, the inspector spoke with: Members of the management team including the Administrator, the Director of Care, the registered staff member working on the unit and the residents involved in the incident. During the course of the inspection, the inspector conducted a review of both residents' health files and observed interaction between residents on the unit. The following Inspection Protocols were used during this inspection: Critical Incident Response Inspection Protocol ☒ There are no findings of Non-Compliance as a result of this inspection.			



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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.
		<i>Murphy Lane</i>
Title:	Date:	Date of Report: <i>November 9/10</i>