



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

**Rapport d'inspection
prevue 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^{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

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

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
November 16, 17, and 18, 2010	2010_192_8564_17Nov150127	Critical Incident H - 01309

Licensee/Titulaire

St. Joseph's Health System, 574 Northcliffe Ave, Dundas, Ontario, L9H 7L9

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

St. Joseph's Health Centre, 100 Westmount Road, Guelph, Ontario, N1H 5H8

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

Marilyn Tone Nursing Inspector # 167 Debora Saville Nursing Inspector # 192

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspectors spoke with: CEO, VP of Clinical Services, DOC, Registered Practical Nurses', Personal Support Worker's and residents.

During the course of the inspection, the inspectors: Reviewed clinical records, policy and procedure, incident investigations, and training records.

The following Inspection Protocols were used during this inspection: Responsive Behaviours,

☒ 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). November 24, 2010