



**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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**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 November 16, 17 & 18, 2010	Inspection No/ d'inspection 2010_167_8564_17Nov100835	Type of Inspection/Genre d'inspection H-01792 Other inspection related to CIS report
Licensee/Titulaire St. Joseph's Health System 574 Northcliffe Avenue Dundas, ON L9H 7L9		
Long-Term Care Home/Foyer de soins de longue durée St. Joseph's Health Care 100 Westmount Road Guelph, Ontario N1H5H8		
Name of Inspector(s)/Nom de l'inspecteur(s) Marilyn Tone, Nursing # 167, Debora Saville, Nursing # 192		
Inspection Summary/Sommaire d'inspection		

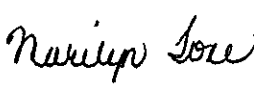
The purpose of this inspection was to conduct a complaint inspection related to critical incident submitted related to resident to resident abuse.

During the course of the inspection, the inspector spoke with: the Director of Care, the VP of Clinical Services and a the registered nurse responsible for the unit where the identified residents reside.

During the course of the inspection, the inspector: conducted a review of the health files for the identified residents, observed care on the unit and reviewed the home's policies and procedures related to abuse and protocols for management of residents with high risk behaviours.

The following Inspection Protocol was used during this inspection: Prevention of Abuse and Neglect and 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 22, 2010