



**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^{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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Date(s) of inspection/Date de l'inspection Nov. 18, 2010	Inspection No/ d'inspection 2010_169_2975_04Jan132059	Type of Inspection/Genre d'inspection Complaint H-02560
Licensee/Titulaire St. Joseph's Health System 56 Governor's Road Dundas L3H 5G7 FAX 905 628 0825 TEL 905 627 9011		
Long-Term Care Home/Foyer de soins de longue durée St. Joseph's Villa 56 Governor's Road Dundas L3H 5G7 FAX 905 628 0825		
Name of Inspector(s)/Nom de l'inspecteur(s) Yvonne Walton ID#169		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to safety and security of a resident.

During the course of the inspection, the inspector spoke with: Administrator, Unit Manager, Social Worker and resident.

During the course of the inspection, the inspector: Reviewed the plan of care, complaint log and visited the resident's room.

☒ There are no findings of Non-Compliance as a result of this inspection.

Inspector ID #:	
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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.
Title:	Date:	 Date of Report: (if different from date(s) of inspection).