



**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
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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

**Date of inspection/Date de
l'inspection**

06 October 2010

Inspection No/ d'inspection

2010_127_2617_06Oct111346

Type of Inspection/Genre d'inspection

Follow-Up (H-01919)

Licensee/Titulaire

The Royal Crest Lifecare Group Inc. c/o Ernst and Young Inc., 222 Bay Street, TD Centre P.O. Box 251,
Toronto ON M5K 1J7

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

St. Olga's Lifecare Centre, 570 King Street West, Hamilton, ON

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

Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection in respect of the following previously
identified non-compliance:

Annual Inspection May 25, 2009

O3.1

During the course of the inspection, the inspector spoke with the Business Coordinator and Maintenance
person.

During the course of the inspection, the inspector undertook a visual inspection of the kitchen and servery
areas of the home.

The following Inspection Protocols were used during this inspection:

- Accommodation Services – Housekeeping

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O3.1 , LTC Homes Program Manual now found in <i>LTCHA, 2007, c.8.</i> s. 15.(2)(a)			Annual Inspection May 25, 2009	#127

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 of Report (if different from date(s) of inspection).	
Date:		14 October 2010	