



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

Date of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
08 October 2010	2010_127_8571_07Oct174634	Follow-Up (H-02024)

Licensee/Titulaire

Mennonite Brethren Senior Citizens Home, 1 Tabor Drive, St. Catharines, ON L2N 1V9

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

Mennonite Brethren Senior Citizens Home (Tabor Manor), 1 Tabor Drive, St. Catharines, ON L2N 1V9

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:

Follow-Up Inspection 20 April 2010

B3.16 and O1.18

During the course of the inspection, the inspector spoke with the Director, Director of Care and Environmental Services Supervisor.

During the course of the inspection, the inspector reviewed documentation and inspected areas of the home including the salon, resident rooms and common areas where previous non-compliance was identified.

The following Inspection Protocols were used during this inspection:

- Accommodation Services – Maintenance
- Safe and Secure Environment

☒ 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 #
B3.16 , LTC Homes Program Manual now found in <i>LTCHA, 2007</i> , c.8. s. 5			Follow-Up Inspection 20 April 2010	#127
O1.18 , LTC Homes Program Manual now found in O. Reg. 79/10, s. 90.(2)(k)			Follow-Up Inspection 20 April 2010	#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: _____		 Date of Report (if different from date(s) of Inspection). 14 October 2010	