



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

**Rapport d'inspection
prévue 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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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 8, 2010	2010-120-9604-8NOV165726	H-02673 Follow-up to March 19, 2010

Licensee/Titulaire

The Regional Municipality of Niagara, 2201 St. David's Road, P.O. Box 344, Thorold, ON L2V 3Z3

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

Douglas H. Rapelje Lodge, 277 Plymouth Road, Welland, ON L3B 6E3

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

Bernadette Susnik, LTC Homes Inspector- Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance made under the Ministry of Health and Long-Term Care Homes Program Standards Manual related to unmet criterion O3.4 (Odours).

During the course of the inspection, the above noted inspector spoke with the Housekeeping/Laundry Supervisor and a housekeeper. During the course of the inspection, the inspector conducted a walk-through of all home areas and reviewed housekeeping records.

The following Inspection Protocols was 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" below.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criterion O3.4 under the MOHLTC Homes Program Standards Manual now found in Ontario Reg. 79/10, s. 87(2)(d)	N/A	N/A	Log #191-2010	146

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).

B. Susnik

December 21/10