



**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

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Date of inspection/Date de l'inspection 07 December 2010	Inspection No/ d'inspection 2010_127_9610_07Dec100949	Type of Inspection/Genre d'inspection Complaint (H-02767)
Licensee/Titulaire The Regional Municipality of Niagara, 2201 St. David's Road, Thorold ON L2V 4T7		
Long-Term Care Home/Foyer de soins de longue durée Northland Pointe, 2 Fielden Avenue, Port Colborne, ON L3K 6G4		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, LTC Homes Inspector – Environmental Health #127		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection regarding housekeeping in the Lakeside resident home area and a follow up inspection regarding the following previously identified non-compliance: Complaint Inspection #509 – 22 June 2010 - unmet criteria: O2.1 Complaint Inspection (H-00587) – 24 August 2010 - LTCHA, 2007, S.O. 2007, c. 8, s. 6 (7) During the course of the inspection, the inspector spoke with the administrator, nursing staff and housekeeping staff. During the course of the inspection, the inspector undertook a visual inspection of common and dining rooms in all resident home areas. The following Inspection Protocols were used during this inspection: - Accommodation Services – Housekeeping ☒ No findings of Non-Compliance were found during this inspection.		

CORRECTED NON-COMPLIANCE / Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007, c. 8, s. 6 (7)			Complaint Inspection (H-00587) – 24 August 2010	127
O2.12, LTC Homes Program Manual now found in LTCHA, 2007, c.8., s.15(2)(a) and O. Reg. 79/10, s.87(2)(a)(ii)			Complaint Inspection #509 – 22 June 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). 13 December 2010	