



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

**Rapport d'inspection
prévues 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
conformité

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 7, 2011	2011-120-2922-07Jan130105	H- 01944 - Complaint

Licensee/Titulaire

Liuna Local 837 Nursing Home (Ancaster) Corporation , 44 Houghson Street S, Hamilton, ON, L8N 2A7

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

Regina Gardens, 536 Upper Paradise Rd., Hamilton, ON L9C 5E3

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

Bernadette Susnik – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection related to lingering odours in the first floor
servery and staffing levels during an outbreak.

During the course of the inspection, the above noted inspector spoke with the Administrator, Assistant Director
of Care (ADOC) and nursing staff. During the course of the inspection, all 3 serveries in the home were
inspected. Following the inspection, the Environmental Services Supervisor was consulted by phone for an
interview, as he was not available during the inspection.

The following Inspection Protocols were used:

- *Accommodation Services – Maintenance*
- *Infection Prevention and Control*

☒ No findings of Non-Compliance were found during this inspection.

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).