



**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

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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 of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
07 October 2010	2010_127_2711_07Oct094545	Follow-Up (H-02023)

Licensee/Titulaire

Unger Nursing Homes Limited, 312 Queenston Street, St. Catharines, ON L2P 2X4

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

Tufford Nursing Home, 312 Queenston Street, St. Catharines, ON L2P 2X4

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 12 May 2010

NHA, R.S.O. 1990, c. N.7, s. 20.11;
R.R.O. 1990, Regulation 832, s. 5(2); and
O4.33

During the course of the inspection, the inspector spoke with the Administrator, Director of Care and RAI Coordinator and inspected areas of the home, including the hair salon, tub/shower rooms, resident rooms, kitchen, laundry and dining room, where previous non-compliance was identified.

The following Inspection Protocols were used during this inspection:

- Accommodation Services – Laundry
- 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 #
NHA, R.S.O. 1990, c. N.7, s. 20.11 related to O2.1, LTC Homes Program Manual now found in the <i>LTCHA, 2007</i> , c.8. s.15(2)(c) and O. Reg. 79/10, s.90(2)(d)			Follow-Up Inspection 12 May 2010	#127
R.R.O. 1990, Regulation 832, s. 5(2) related to B3.16, LTC Homes Program Manual now found in the <i>LTCHA, 2007</i> , c.8. s.5, s.15(2)(c) and O. Reg. 79/10, s.91			Follow-Up Inspection 12 May 2010	#127
O4.33, LTC Homes Program Manual now found in the <i>LTCHA, 2007</i> , c.8. s. 15(2)(b)			Follow-Up Inspection 12 May 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) <i>14 October 2010</i>	