



# 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

**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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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection January 5, 2011.	Inspection No/ d'inspection 2011_146_2890_05Jan095002	Type of Inspection/Genre d'inspection Complaint H-02388
Licensee/Titulaire Bella Senior Care Residences, 1000 Finch Ave. West, Suite 901, Toronto, ON., M3J 2V5		
Long-Term Care Home/Foyer de soins de longue durée Bella Senior Care Residence, 8720 Willoughby Drive, Niagara Falls, ON., L2G 7X3		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection.		
During the course of the inspection, the inspector spoke with: the Administrator, the Acting Director of Care, 2 registered staff and 2 Personal Support Workers (PSW's).		
During the course of the inspection, the inspector: reviewed the health file of an identified resident and observed the resident and resident's room.		
The following Inspection Protocols were used during this inspection: Continence Care and Bowel Management		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN		

## NON- COMPLIANCE / (Non-respectés)



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**Definitions/Définitions**

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référance au directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with O.Reg. 79/10, s.51(2)**

**51(2) Every licensee of a long-term care home shall ensure that:**

**(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable;**

**Findings:**

In October 2010, according to a visitor report and also the progress notes written by a nurse, an identified resident was found sitting in a wheelchair with chair, clothing and incontinent product wet and soiled.

**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).**