



**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
conformité

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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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection		
November 8, 2010	2010-120-9604-08NOV165726	Complaint – H-01934		
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 inspection was to conduct a complaint inspection related to offensive odours in one area of the home.				
During the course of the inspection, the above noted inspector spoke with the Housekeeping/Laundry Supervisor and a housekeeper and conducted a walk-through of all home areas and reviewed housekeeping records.				
The following Inspection Protocols were used during this inspection:				
Accommodation Services – Housekeeping				
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of 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). <i>Nov. 19/10</i>