



**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

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton, ON L8P 4Y7

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

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

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 16 and 19, 2010	Inspection No/ d'inspection 2010_192_9604_18Oct161706	Type of Inspection/Genre d'inspection Complaint – H-02156
--	---	---

Licensee/Titulaire
The Regional Municipality of Niagara
2201 St, David's Road
P.O. Box 344
Thorold, ON, L2V 4T7

Long-Term Care Home/Foyer de soins de longue durée
Douglas H. Rapelje Lodge
The Regional Municipality of Niagara
277 Plymouth Road
Welland, ON, L3B 6E3

Name of Inspector(s)/Nom de l'inspecteur(s)
Barbara Naykalyk-Hunt # 146, Debora Saville # 192

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspectors spoke with: The Administrator, the Director of Resident Care, the Power of Attorney via telephone and the resident.

During the course of the inspection, the inspectors: completed a review of the Resident Record, reviewed communication between various care providers, the resident and the home.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy Inspection Protocol.

There are no findings of Non-Compliance as a result of this inspection.

Signature of Licensee of Designated Representative 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).	