



**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

**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

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

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

Bureau régional de services de Hamilton  
119, rue King Quest, 11<sup>th</sup> étage  
Hamilton, ON L8P 4Y7

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

			<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	
October 16 and 19, 2010	2010_192_9604_18Oct161706	Complaint – H-02156	
<b>Licensee/Titulaire</b>			
The Regional Municipality of Niagara 2201 St. David's Road P.O. Box 344 Thorold, ON, L2V 4T7			
<b>Long-Term Care Home/Foyer de soins de longue durée</b>			
Douglas H. Rapelje Lodge The Regional Municipality of Niagara 277 Plymouth Road Welland, ON, L3B 6E3			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>			
Barbara Naykalyk-Hunt # 146, Debora Saville # 192			
<b>Inspection Summary/Sommaire d'inspection</b>			

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

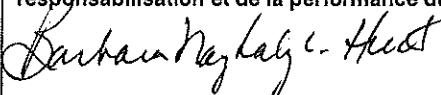
During the course of the inspection, the inspectors spoke with: The Administrator, the Director of Resident Care, the Power of Attorney via telephone and the resident.

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 or Designated Representative Signature du Titulaire ou 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). _____