



**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

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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 8, 2010	2010-120-9604-8NOV165726	H-02673 Follow-up to March 19, 2010

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 L38 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 visit was to conduct a follow-up inspection to previously issued non-compliance made under the Ministry of Health and Long-Term Care Homes Program Standards Manual related to unmet criterion O3.4 (Odours).
During the course of the inspection, the above noted inspector spoke with the Housekeeping/Laundry Supervisor and a housekeeper. During the course of the inspection, the inspector conducted a walk-through of all home areas and reviewed housekeeping records.
The following Inspection Protocols was used during this inspection: *Accommodation Services – Housekeeping*
 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" below.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criterion O3.4 under the MOHLTC Homes Program Standards Manual now found in Ontario Reg. 79/10, s. 87(2)(d)	N/A	N/A	Log #191-2010	146

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. <i>B. Susnik</i>
Title:	Date:
Date of Report: (if different from date(s) of inspection). <i>December 21/10</i>	