



# 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 of inspection/Date de l'inspection	19 January 2011	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
2011_127_2891_19Jan101338 Critical Incident # H-02967			
Licensee/Titulaire			
1365853 Ontario Limited, 3700 Billings Court, Burlington ON L7N 3N6			
Long-Term Care Home/Foyer de soins de longue durée			
Maple Park Lodge, 6 Hagey Avenue, Fort Erie ON L2A 5M5			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127			
<b>Inspection Summary / Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a critical incident inspection regarding mechanical lifts.			
During the course of the inspection, the inspector spoke with the administrator; special programs nurse and nursing staff.			
During the course of the inspection, the inspector inspected all tub and shower rooms and two styles of mechanical lifts used in these rooms.			
The following Inspection Protocols were used during this inspection:			
<ul style="list-style-type: none"><li>Safe and Secure Home</li></ul>			
<input checked="" type="checkbox"/> No Findings of Non-Compliance were found during 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>02 February 2011</i>