



**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**

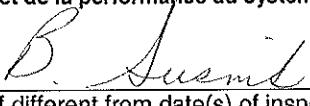
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11th 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
January 7, 2011		2011-120-2922-07Jan130105	H- 01944 - Complaint
Licensee/Titulaire			
Liuna Local 837 Nursing Home (Ancaster) Corporation , 44 Houghson Street S, Hamilton, ON, L8N 2A7			
Long-Term Care Home/Foyer de soins de longue durée			
Regina Gardens, 536 Upper Paradise Rd., Hamilton, ON L9C 5E3			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Bernadette Susnik – Environmental Health #120			
Inspection Summary/Sommaire d'inspection			
The purpose of this visit was to conduct a complaint inspection related to lingering odours in the first floor servery and staffing levels during an outbreak.			
During the course of the inspection, the above noted inspector spoke with the Administrator, Assistant Director of Care (ADOC) and nursing staff. During the course of the inspection, all 3 serveries in the home were inspected. Following the inspection, the Environmental Services Supervisor was consulted by phone for an interview, as he was not available during the inspection.			
The following Inspection Protocols were used:			
<ul style="list-style-type: none">• Accommodation Services – Maintenance• Infection Prevention and Control			
<input checked="" type="checkbox"/> No findings of Non-Compliance were found during this inspection.			
Signature of Licensee or Representative of Licensee 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). 