



**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
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**Ministère de la Santé et des Soins de
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Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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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:

- Accommodation Services – Maintenance
- Infection Prevention and Control

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).

March 4/11