



**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^{ième} étage
Hamilton ON L8P 4Y7

**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

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

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

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	2010-120-2364-08NOV161559	Complaint – H-01822

Licensee/Titulaire
Revera Long-Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, ON, L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Versa Care St. Catharines, 168 Scott Street, St. Catharines, ON L2N 1H2

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 inspection was to conduct a complaint inspection related to lift equipment and maintenance services.

During the course of the inspection, the above noted inspector spoke with the Administrator and Environmental Services Supervisor. During the course of the inspection, the inspector conducted a visual inspection of several mechanical lifts and one ceiling lift located in a resident room, reviewed maintenance records for the lifts located in the home and maintenance contracts.

The following Inspection Protocols were used during this inspection:

Accommodation Services – Maintenance

There are no findings of Non-Compliance as a result of 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). Nov. 19/10