



**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^{ém} 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

| | |
|---|--|
| <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 |
| May 5 & 6, 2011 | 2011-120-2960-05May164255 | H-00845-11 – Complaint |

Licensee/Titulaire
Benevolent Society "Heidehof" for the Care of the Aged, 600 Lake Street, St., Catharines, ON, L2H 4J4

Long-Term Care Home/Foyer de soins de longue durée
Heidehof LTC Home, 600 Lake Street, St. Catharines, ON, L2N 4J4

Name of LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyer de soins de longue duree
Bernadette Susnik – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a complaint inspection related to specific infection prevention and control measures for Antibiotic Resistant Organisms.

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Registered Nursing and Personal Support staff.

During the course of the inspection, a walk-through of the home was conducted, particularly resident rooms/washrooms and resident records, policies and procedures were reviewed.

The following Inspection Protocol was used during this inspection:

- Infection Prevention and Control*

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. <i>B. Susnik</i> |
| Title: | Date of Report: (if different from date(s) of inspection). <i>May 24/11</i> |