



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> 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

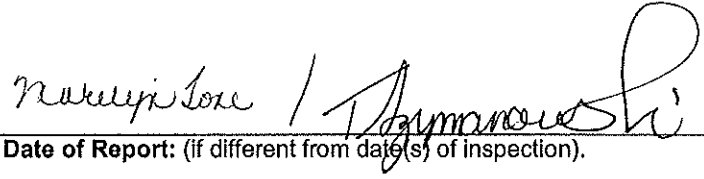
Telephone: 905-546-8294  
Facsimile: 905-546-8255

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

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
April 13, 2011	2011_167_2890_13Apr111611 2011_165_2890_13Apr111557	Inspection related to Complaint H- 00228
<b>Licensee/Titulaire</b>		
Bella Senior Care Residences Inc. 1000 Finch Avenue West, Suite 101 Toronto, Ontario M3J2V5		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Bella Senior Care Residence 8720 Willoughby Drive Niagara Falls, Ontario L2G 7X3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Marilyn Tone # 167, Tammy Szymanowski #165		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection related to care issues and food quality.</p> <p>During the course of the inspection, the inspector spoke with: The Director of Care, the Administrator, the Food Services Manager, the resident involved in the complaint and Personal Support Workers assigned to the identified resident's unit, dietary aides and residents of another home area.</p> <p>During the course of the inspection, the inspectors: reviewed the health file for the identified resident, reviewed the home's policy and procedure related to continence management and protocols related to the application of briefs and observed meal service during the noon meal on the third floor.</p> <p>The following Inspection Protocols were used during this inspection:            Continence Care and Bowel Management Inspection protocol            Food Quality Inspection Protocol</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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).	
		April 14, 2011	