



**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^{ème} 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
August 16, 2011	2011-159120-031	Complaints -- H-001508-11 & H-001497

Licensee/Titulaire

955464 Ontario Limited, 3700 Billings Court, Burlington, ON L7N 3N6

Long-Term Care Home/Foyer de soins de longue durée

Crescent Park Lodge, 4 Hagey Ave., Fort Erie, ON L2A 5M5

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 visit was to conduct a complaint inspection related to the prevention and management of heat-related illness during hot weather.

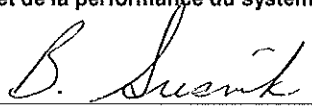
During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Environmental Services Supervisor, nursing staff and residents.

During the course of the inspection, the inspector conducted a walk-through of the home, took air temperature and humidity readings, reviewed the home's air and humidity temperature logs, resident clinical records and reviewed the home's policies and procedures.

The following Inspection Protocol was used during this inspection:

- *Safe and Secure Home*

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). <i>Aug. 17/11</i>