



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prevue 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

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système de santé
Direction de l'amélioration de la performance et de la
conformité

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Date of inspection/Date de l'inspection 15 and 16 February 2011	Inspection No/ d'inspection 2011_127_9551_14Feb142330	Type of Inspection/Genre d'inspection Follow up # H-00658
Licensee/Titulaire The Regional Municipality of Niagara, 2201 St. David's Road, P.O. Box 344, Thorold ON L2V 3Z3		
Long-Term Care Home/Foyer de soins de longue durée Linhaven, 403 Ontario Street, St. Catharines ON L2N 1L5		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
<p>The purpose of this inspection was to complete a follow-up inspection on previously identified areas of non-compliance: Follow up Inspection – 17,18,19 and 22 June 2009 – Unmet Criteria M3.23 and M3.3</p> <p>During the course of the inspection, the inspector spoke with the administrator, director of care, manager of dementia care, manager of housekeeping and laundry, maintenance coordinator, registered and non-registered nursing staff, housekeeping staff, laundry staff, maintenance staff, residents and residents' family members.</p> <p>During the course of the inspection, the inspector reviewed documentation for maintenance and laundry services and inspected all areas where previous non-compliance had been identified.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Accommodation Services – Housekeeping • Accommodation Services – Laundry • Accommodation Services – Maintenance • Infection Prevention and Control <p>No findings of Non-Compliance were found during this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p>		



CORRECTED NON-COMPLIANCE / Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
M3.23, LTC Homes Program Manual now found in <i>LTCHA, 2007</i> , c.8., s. 86	Unmet criterion		Follow-up Inspection – 17,18,19 and 22 June 2009	127
M3.3, LTC Homes Program Manual now found in <i>LTCHA, 2007</i> , c.8., s. 5	Unmet criterion		Follow-up Inspection – 17,18,19 and 22 June 2009	127

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). 24 March 2011	