



**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
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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
July 7, 2011	2011-159120-0017	H-00631-11 – Complaint

Licensee/Titulaire
Niagara Health System, Welland Hospital Site, Extended Care Unit, 65 Third Street, Welland, ON L3B 4W6

Long-Term Care Home/Foyer de soins de longue durée
Niagara Health System, Welland Hospital Site, Extended Care Unit, 63 Third Street, Welland, ON L3B 4W6

Name of Inspector(s)/Nom de l'inspecteur(s)
Bernadette Susnik - Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the Administrator, registered nursing staff and personal service workers.

During the course of the inspection, the inspector reviewed the home's complaint log and the identified resident's progress notes and care plan.

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: _____	Date of Report: (if different from date(s) of inspection). <i>July 12/11</i>