



# 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

## 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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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection July 21, 2010	Inspection No/ d'inspection 2010_123_9610_21Jul12308	Type of Inspection/Genre d'inspection Critical incident inspection H- 00045-10

### Licensee/Titulaire

The Regional Municipality of Niagara  
2201 St. Davis's Road  
Thorold ON L2V 4T7

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

Northland Pointe  
2 Fielden Avenue  
Port Colborne ON L3K 6G4

### Name of Inspector(s)/Nom de l'inspecteur(s)

Melody Gray

### Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: The Administrator, the Director of Care, the RAI coordinator, and front line nursing staff.

During the course of the inspection, the inspector: Reviewed the resident's record

The following Inspection Protocols were used during this inspection:

Responsive Behaviours

There are no findings of Non-Compliance as a result of this inspection.

Inspector ID #:	123
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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>Melody Gray</i> <i>June 8/11</i>