



**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
conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7

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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection March 16, 2011	Inspection No/ d'inspection 2011_146_2737_16Mar072256	Type of Inspection/Genre d'inspection Complaint H-00180
Licensee/Titulaire 955464 Ontario Limited, 3700 Billings Court, Burlington, ON., L7N 3N6		
Long-Term Care Home/Foyer de soins de longue durée Valley Park Lodge, 6400 Valley Way, Niagara Falls, ON., L2E 7E3		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
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, the Director of Care and a Personal Support Worker		
During the course of the inspection, the inspector: reviewed/observed an identified resident's room, furnishings and health file.		
The following Inspection Protocols were used during this inspection: Dignity, Choice and Privacy		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		

Signature of Licensee or Representative of Licensee Signature du Titulaire ou 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).