



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> 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

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
April 26, 2011	2011-120-2737-07JUN115853	H-00571-11 - Complaint
<b>Licensee/Titulaire</b>		
955464 Ontario Limited, 3700 Billings Court, Burlington, ON L7N 3N6		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Valley Park Lodge, 6400 Valley Way, Niagara, Falls, ON L2E 7E3		
<b>Name of LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyer de soins de longue duree</b>		
Bernadette Susnik – Environmental Health #120		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this visit was to conduct a complaint inspection related to maintenance, housekeeping and laundry services and availability of supplies.</p> <p>During the course of the inspection, the above noted inspector spoke with the Administrator and the maintenance person. During the course of the inspection, resident rooms, bathrooms, kitchen, basement area, service corridor and lounge spaces were inspected.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> <li>• <i>Accommodation Services – Maintenance</i></li> <li>• <i>Accommodation Services – Housekeeping</i></li> <li>• <i>Accommodation Services - Laundry</i></li> </ul> <p>There are findings of Non-Compliance as a result of this inspection. The following action was taken:</p> <p><b>1 WN</b> <b>1 VPC</b></p>		



**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
 VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
 DR – Director Referral/Régisseur envoyé  
 CO – Compliance Order/Ordres de conformité  
 WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The licensee has failed to comply with the LTCHA, 2007, S.O., 2007, c.8, s. 15(2)(c).** Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

**Findings:**

The concrete walk-way located along the front of the building's front entrance is in poor condition. The concrete has eroded away, exposing rebar (wire) in multiple locations.

**Additional Required Actions:**

**VPC** – pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance in respect to ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

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).

*B. Susant*  
*June 6/11*