



**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
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Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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
April 26, 2011	2011-120-2737-26APR164347	H-00906-11 - Follow-up (H-00028)

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 LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyer de soins de longue duree
Bernadette Susnik – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to outstanding non-compliance identified on September 16, 2010 related to window security in the home.

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 and lounge spaces were inspected.

The following Inspection Protocol was used during this inspection:

- *Safe and Secure Home*

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

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 2.



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10 s. 16	CO	001	2010-127-2737-15Sep161236	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). <i>April 29/11</i>		