



**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^{ém} 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

Date(s) of inspection/Date de l'inspection December 2, 2010	Inspection No/ d'inspection 2010_146_2737_02Dec101052	Type of Inspection/Genre d'inspection Complaint H-02801
---	---	---

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 RAI coordinator, 2 personal support workers (PSW) and one family member.

During the course of the inspection, the inspector: reviewed the health file of an identified resident, observed the resident and met with family.

The following Inspection Protocols were used during this inspection: Resident Dignity, Choice and Privacy

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN
1 VPC

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'exigence 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 LTCHA, 2007, S.O. 2007, c.8, s.3(1)

Every licensee of a long term care home shall ensure that the following rights of residents are fully respected and promoted:

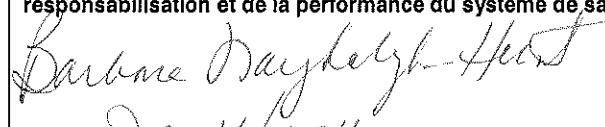
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

Findings:

1. According to the health file, an identified resident's needs have been assessed as requiring 2 persons assisting with personal care; specifically bathing, transferring, positioning, dressing and bed mobility. A family member is permitted to provide personal care to the resident without assistance. The resident is not consistently receiving care according to his or her needs on those occasions when one person provides this care alone. According to the health files, this occurs at least daily.

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 ensuring that the client receives care in a manner consistent with the assessed needs, 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.  Jan 4 / 2011	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	