



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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
September 30, 2010	2010-120-2737-30SEP145449	Complaint – H-01683	
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)			
Bernadette Susnik, LTC Homes Inspector – Environmental Health #120			
Inspection Summary/Sommaire d'inspection			
The purpose of this visit was to conduct a complaint inspection related to perimeter door access control systems and cooling requirements.			
During the course of the inspection, the above noted inspector spoke with the Assistant Administrator, Director of Care, nursing staff, the maintenance person and the Environmental Services Supervisor.			
During the course of the inspection, the inspector reviewed the front door access control system and conducted a walk-through of the home. Maintenance documentation was also reviewed.			
The following Inspection Protocol was used during this inspection:			
Safe and Secure Home			
<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). Oct. 25 / 10