



**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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Hamilton ON L8P 4Y7

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**Ministère de la Santé et des Soins de
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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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 18, 2010	2010-120-2364-18Aug130730	Complaint – H-00616/H-00761

Licensee/Titulaire

Revera Long-Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, ON, L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée

Versa Care St. Catharines, 168 Scott Street, St. Catharines, ON L2N 1H2

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 inspection was to conduct a complaint inspection related to the infection prevention and control program, pest control and maintenance services.

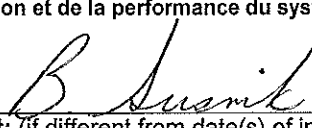
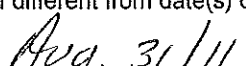
During the course of the inspection, the above noted inspector spoke with the Administrator, Environmental Services Supervisor, Infection Control Nurse, Assistant Director of Care and a Charge Nurse.

During the course of the inspection, the inspector conducted a visual inspection of all bathing rooms and attached washrooms, some resident rooms, all dining rooms and attached areas and soiled utility rooms, reviewed documentation and spoke with the above noted employees.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Maintenance
- Accommodation Services - Housekeeping
- Infection Prevention and Control

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

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).  Aug. 31/11