



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	
February 23, 2011	2011_115_2263_23Feb124200	Other L-00305	
Licensee/Titulaire Revera Long Term Care Inc., 55 Standish Court, 8 th Floor, Mississauga, ON., L5R 4B2			
Long-Term Care Home/Foyer de soins de longue durée Banwell Gardens, 3000 Banwell Road, Tecumseh, ON., N8N 2M4			
Name of Inspector(s)/Nom de l'inspecteur(s) Terri Daly #115			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct an evacuation site inspection.			
During the course of the inspection, the inspector spoke with 1 Registered Nurse, 2 Registered Practical Nurses, 2 Personal Support Workers, the Regional RAI Lead, the Assistant Director of Care/RAI MDS Coordinator, the Provincial Food Services Manager the Regional Dietitian and 2 residents.			
During the course of the inspection, the inspector toured the evacuation site, observed care and services and reviewed the temporary emergency practices in place.			
The following Inspection Protocols were used during this inspection: Safe and Secure Home Inspection Protocol			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			

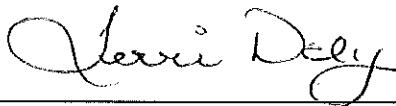


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title:	Date:	Date of Report: (if different from date(s) of inspection). March 4, 2011