



**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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	Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection October 06, 2010	Inspection No/ d'inspection 2010_102_2895_06Oct140907	Type of Inspection/Genre d'inspection Complaint Log # O-001193
Licensee/Titulaire Revere Long Term Care Inc. 55 Standish Court, 8 th floor Mississauga, Ontario L5R 4B2 Fax # 289 360 1201		
Long-Term Care Home/Foyer de soins de longue durée Bay Ridges Long Term Care Centre 900 Sandy Beach Road Pickering, Ontario L1W 1Z4 Fax # 905 837 8496		
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to housekeeping and maintenance in the Alderwood resident home area (RHA).</p> <p>During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Environmental Services Manager, 1 Nurse Manager, 1 Personal Service Worker (PSW), and 1 family member in the Alderwood RHA.</p> <p>During the course of the inspection, the inspector looked at housekeeping and the maintenance of surfaces throughout the Alderwood RHA. Odour control was also reviewed within the Alderwood RHA.</p> <p>The following Inspection Protocols were used during this inspection: Accommodation Services-Housekeeping; Accommodation Services-Maintenance.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>		



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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). <i>October 08, 2010</i>