



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prevue 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

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
Sudbury ON P3E 6A5

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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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<b>Date(s) of inspection/Date de l'inspection</b> Sept 13-14, 2010	<b>Inspection No/ d'inspection</b> 2010_106_2620_15Sep163018	<b>Type of Inspection/Genre d'inspection</b> Follow Up
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**Licensee/Titulaire**  
Revera Long Term Care INC

**Long-Term Care Home/Foyer de soins de longue durée**  
Birchwood Terrace

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Margot Burns-Prouty

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Follow Up inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of care and services, Manager of Environmental Services, Registered Practical Nurses, and Personal Support Workers.

During the course of the inspection, the inspector: Interviewed staff members, observed care provided to residents in facility, audited electronic plan of care, audited written plan of care, reviewed facility policies and procedures.

The following Inspection Protocols were used in part or in whole during this inspection: Safe and Secure Home, Responsive Behaviours and Personal Support Services.

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.




Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

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Rapport  
d'inspection prévue  
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CORRECTED NON-COMPLIANCE Non-respectés à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007 c. 8, s. 6 (10)(b)	WN		2010_106_2620_14Jul121647	106
O. Reg. 79/10, S. 26 (3) 5	WN, VPN		2010_106_2620_14Jul121647	106
O. Reg. 79/10, S. 9.2	WN, VPC		2010_106_2620_14Jul121647	106
O. Reg. 79/10, S. 90 (2) (g)	WN		2010_106_2620_14Jul121647	106

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).	