



**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

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ième</sup> étage  
London ON N6B 1R8

**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  
conformité

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date of inspection/Date de l'inspection</b> February 7, 2011	<b>Inspection No/ d'inspection</b> 2011_105_2856_07Feb093259	<b>Type of Inspection/Genre d'inspection</b> L-01848 Critical Incident
--	---	---

**Licensee/Titulaire**  
Revera Long Term Care Inc. 55 Standish Crt. 8<sup>th</sup> Floor Mississauga ON L5R 4B2

**Long-Term Care Home/Foyer de soins de longue durée**  
Columbia Forest LTCC 650 Mountain Maple Ave. Waterloo ON N2V 2P7

**Name of Inspector/Nom de l'inspecteur**  
June Osborn #105

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection related to resident care.

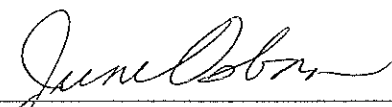
During the course of the inspection, the inspector spoke with the administrator, DOC, ADOC, and the resident.

During the course of the inspection, the inspector reviewed the medical record including the plan of care, reviewed policies pertaining to falls prevention, reviewed the home investigation of the incident.

The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention

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



<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> 
<p>Title: _____ Date: _____</p>	<p>Date of Report: February 7, 2011</p>