



# 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

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291, rue King, 4ièm étage  
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## 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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Date of inspection/Date de l'inspection September 21, 2010	Inspection No/ d'inspection 2010_105_2707_21Sep093702	Type of Inspection/Genre d'inspection L-00974 CIS-2707-000022-10 Re: Plan of Care	
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 Forest Heights Long Term Care Centre- 60 Westheights Drive Kitchener ON N2N 2A8			
Name of Inspector/Nom de l'inspecteur(s) June Osborn #105			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a CIS follow-up inspection.</p> <p>During the course of the inspection, the inspector spoke with the administrator and DOC.</p> <p>During the course of the inspection, the inspector reviewed the medical record, plan of care.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>			



## **Ministry of Health and Long-Term Care**

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<p><b>Signature of Licensee or Representative of Licensee</b>  <b>Signature du Titulaire du représentant désigné</b></p>	<p><b>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.</b></p>
<p><b>Title:</b></p>	<p><b>Date:</b></p>