Ontario

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 conformité

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8iém étage
Toronto, ON M4V 2Y7

Téléphone: 416-325-9297
1-866-311-8002

Télécopieur: 416-327-4486

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 2, 2010	2010_113_2593_09Dec11347	Complaint – Log # T2038

Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish court, 8th Floor, Mississauga, ON L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Oak Terrace, 291 Mississauga Street West, Orillia, ON L3V 3B9

Name of Inspector(s)/Nom de l'inspecteur(s)
Jane Carruthers #113

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding repair work on the elevator.

During the course of the inspection, the inspectors spoke with: Administrator and Environmental Service Manager.

During the course of the inspection, the inspectors: discussed the operational plan for the elevator repairs.

The following Inspection Protocols were used in part or in whole during this inspection:
Safe and Secure Home

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

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné Jane Carruthers Dec 21, 2010	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). December 21, 2010