



**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

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Ottawa ON K1S 3J4

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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
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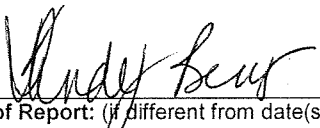
		Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
October 26 and 27, 2010	2010_102_891_26Oct082215	Complaint Log # O-001161	
Licensee/Titulaire Revera Long Term Care Inc. 55 Standish Court, 8 th floor Mississauga, Ontario L5R 4B2 Fax # 289 360 1201			
Long-Term Care Home/Foyer de soins de longue durée Hallowell House 13628 Loyalist Parkway Picton, Ontario K0K 2T0 Fax# 613 476 1566			
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, maintenance, lighting levels and sizes of bedrooms.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care, the Client Services Clerk, the Environmental Services Supervisor, a laundry aid, several Personal Support Workers (PSW), 4 residents.</p> <p>During the course of the inspection, the inspector toured residents rooms and common areas throughout the home with extra emphasis on examining those rooms in the Willow west section, checked lighting levels, verified bedroom occupancy related to structural compliance and the floor areas required for structural compliance, reviewed resident council meeting minutes for August 2010.</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).	
		NOV 23/10	