



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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**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: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

		Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> 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	Follow Up- Log # O-002479	
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 follow up inspection on outstanding unmet criterion M1.19 related to a lighting deficiency.</p> <p>During the course of the inspection, the inspector spoke with The Administrator, the Director of Care and the Environmental services Supervisor.</p> <p>During the course of the inspection, the inspector checked lighting levels in residents' bedrooms. Ad Hoc notes were used during this inspection.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>			

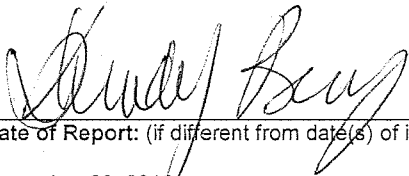


Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
Criterion M1.19 (LTC Homes Program Manual)			2010_102_891_26Oct082215	102

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). November 29, 2010	