



**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^{ième} 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

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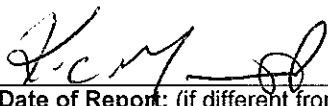
<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
May 5, 2011	2011-145-2541-03May164517	Complaint L-000453
Licensee/Titulaire		
Revera Long Term Care, 55 Standish Court, 8 th Floor, Mississauga, ON, L5R 4B2		
Long-Term Care Home/Foyer de soins de longue durée		
Rose Garden Villa, 350 Dougall Avenue, Windsor, ON, N9A 4G7		
Name of Inspector/Nom de l'inspecteur		
Karin Mussart, #145		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to a safe and secure home.</p> <p>During the course of the inspection, the inspector spoke with the Administrator and the Director of Care.</p> <p>During the course of the inspection, the inspector reviewed the Critical Incident report submitted for the elevator being out of service; viewed the elevators that were out of service.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Safe and Secure Home • Accommodation Services- Maintenance <p><input checked="" type="checkbox"/> 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).
		June 6, 2011