



**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

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> étage  
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**Ministère de la Santé et des Soins de  
longue durée**

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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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<b>Date(s) of inspection/Date de l'inspection</b> February 4, 2011	<b>Inspection No/ d'inspection</b> 2011_141_2870_03Feb213517	<b>Type of Inspection/Genre d'inspection</b> Critical Incidents H-00957, H-00833,
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**Licensee/Titulaire**  
Revera Long Term Care Inc. 65 Standish Court, 8<sup>th</sup> Floor, Mississauga, ON L5R 4B2

**Long-Term Care Home/Foyer de soins de longue durée**  
West Oak Village Long Term Care Centre, 2370 Third Line, Oakville, ON L6M 4E2

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sharlee McNally, Compliance Inspector #141

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct critical incident inspections.

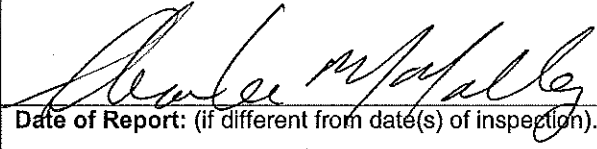
During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, registered staff, residents.

During the course of the inspection, the inspector: reviewed resident's records including plans of care, and homes internal incident report records.

The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours  
Falls Prevention  
Person Support Services

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		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 daté(s) of inspection). <i>April 1, 2011</i>	