



**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  
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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	
February 23, 2011	2011-145-2263-23Feb141241	Critical Incident L-00227	
<b>Licensee/Titulaire</b> Revera Long Term Care Inc., 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga, ON., L5R 4B2			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Banwell Gardens, 3000 Banwell Road, Tecumseh, ON., N8N 2M4			
<b>Name of Inspector/Nom de l'inspecteur</b> Karin Mussart, #145			
<b>Inspection Summary/Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a Critical Incident inspection relating to flooding damage to the home.			
During the course of the inspection, the inspector spoke with: 2 Revera Corporate Representatives and the Administrator.			
During the course of the inspection, the inspector toured the damaged areas of the home and reviewed the temporary emergency practices in place. Also reviewed homes policy and procedures relating to the Emergency Plan (EPM-G-15-35); Emergency Procedures (EPM-J-80); Emergency Plan Manual Code Green (EPM-G-15-60); Evacuation Procedures (EPM-G-15-70); Contact Lists (EPM-B-10).			
The following Inspection Protocols were used during this inspection: Safe and Secure Home Inspection Protocol			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			



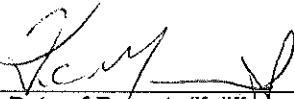
Ministry of Health and  
Long-Term Care

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des Soins de longue durée

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Rapport  
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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).  
March 8, 2011