



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus 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^{ème} 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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Date of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 22, 2011	2011-190-2263-22Mar110731	Other – L-000475

Licensee/Titulaire

Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, ON., L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée

Banwell Gardens, 3000 Banwell Road, Tecumseh, ON., N8N 2M4

Name of Inspector/Nom de l'inspecteur

Sandra Fysh #190

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an inspection related to the relocation of residents under a temporary license.

During the course of the inspection, the inspector spoke with the Director of Care, Acting Nursing Manager for the Banwell Gardens Residents at the temporary site, Corporate Dietitian, two Registered Nurses, one Registered Practical Nurse, three Personal Support Workers and four Residents.

During the course of the inspection, the inspector toured the second floor of the temporary site, reviewed the clinical records of four residents and observed the lunch meal.

The following Inspection Protocols were used in part or in whole during this inspection:

- Dining Observation IP
- Safe and Secure Home IP
- Dignity, Choice and Privacy IP

☒ There are no findings of Non-Compliance as a result of this inspection.

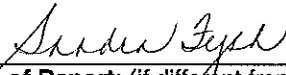


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
		
Title:	Date:	Date of Report: (if different from date(s) of inspection).
		