



**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., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>iem</sup> 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  
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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> September 30 2010	<b>Inspection No/ d'inspection</b> 2010_166_2895_30Sep145855	<b>Type of Inspection/Genre d'inspection</b> Log #O-001193-10 Complaint
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**Licensee/Titulaire**

Revera Long Term Care Inc.,  
55 Standish Court, 8<sup>th</sup> Floor, Fax 289-777-1406  
Mississauga, ON  
L5R 4B2

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

Bay Ridges Long Term Care Centre  
900 Sandy Beach Road Fax 905 837-8496  
Pickering, ON  
L1W 1Z4

**Name of Inspector(s)/Nom de l'inspecteur(s)**

Caroline Tompkins#166

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to care.

During the course of the inspection, the inspector spoke with: the Administrator ,the Director of Care, 2 personal support worker in the resident home area, a member of the registered nursing staff, and a non related family member of a resident in the home area

During the course of the inspection, the inspector: reviewed the resident's clinical records and toured three home areas including the home area where the resident resided.

The following Inspection Protocol were used during this inspection: Personal Support Services

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

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné	<b>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.</b>
<b>Title:</b>	<b>Date:</b>
	<b>Date of Report: (if different from date(s) of inspection).</b> November 17 2010