



**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

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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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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of Inspection/Date de l'inspection

October 7, 2010

Inspection No/ d'inspection

2010_191_2707_04Oct153428

Type of Inspection/Genre d'inspection

L-01221

Critical Incident 2707-000023-10

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

Forest Heights Long Term Care Centre, 60 Westheights Drive, Kitchener, ON N2N 2A8

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

Kim White #191

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident follow up related to a resident to resident incident.

During the course of the inspection, the inspector spoke with: the Administrator, a Registered Nurse and Personal Support Workers.

During the course of the inspection, the inspector: interviewed staff and residents, reviewed resident files, reviewed organization policy and procedures and reviewed educational records and plans for staff and volunteers.

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

Prevention of Abuse and Neglect
Responsive Behaviours

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. <i>Kindlute</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). October 13, 2010