



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

**apport 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(s) of inspection/Date de l'inspection July 8, 2010	Inspection No/ d'inspection 2010_103_2625_08Jul113421	Type of Inspection/Genre d'inspection Other (Critical Incident) CIS#2625-000007-10 Log #O-000026
Licensee/Titulaire Revera Long Term Care, Inc. 55 Standish Court, 8 th floor, Mississauga, ON L5R 4B2 Fax# 289-360-1201		
Long-Term Care Home/Foyer de soins de longue durée Fosterbrooke Long Term Care, 330 King St., West, Newcastle, ON L1B 1G9		
Name of Inspector(s)/Nom de l'inspecteur(s) Darlene Murphy (ID#103)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct an Other (Critical Incident) inspection related to a resident fall.		
During the course of the inspection, the inspector spoke with the Director of Care and the Administrator.		
During the course of the inspection, the inspector reviewed one resident health record.		
The following Inspection Protocols were used during this inspection: Safe and Secure Home Falls Prevention		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection. <input type="checkbox"/> Findings of Non-Compliance were found during 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).

Oct 5/10 Darlene Murphy (10#103)