



**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
conformité

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Telephone: 519-675-7680
Facsimile: 519-675-7685

Bureau régional de services de London
291, rue King, 4th étage
London ON N6B 1R8

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	January 24, 2011	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
		2011_115_2541_24Jan110851	Complaint L-01841
Licensee/Titulaire Revera Long Term Care Inc. 55 Standish Court, 8 th Floor, Mississauga, ON., L5R 4B2			
Long-Term Care Home/Foyer de soins de longue durée Rose Garden Villa 350 Dougall Ave. Windsor, ON., N9A 4P4			
Name of Inspector(s)/Nom de l'inspecteur(s) TERRI DALY #115			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection related to care and services.			
During the course of the inspection, the inspector spoke with: the Executive Director, Director of Care, 2 PSW's and 1 resident.			
During the course of the inspection, the inspector: reviewed the clinical records of 1 resident.			
The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services 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**
**Ministère de la Santé et
des Soins de longue durée**

**Inspection Report
under the *Loi
sur les foyers de soins de
longue durée*
Act, 2007**

**Rapport
d'inspection prévu
le *Loi de 2007 les
foyers de soins de
longue durée***

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 of Report: (if different from date(s) of inspection). February 9, 2011