



**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

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>ième</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> August 24 2010	<b>Inspection No/ d'inspection</b> 2010_166_2871_13Aug135030	<b>Type of Inspection/Genre d'inspection</b> Complaint O-000222
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**Licensee/Titulaire**  
Revera Long Term Care Inc.,      289-360-1200  
Fax 289-360-1201      Fax 289- 366-1201  
55 Standish Court,  
8<sup>th</sup> Floor, Mississauga, ON L5R 4B2

**Long-Term Care Home/Foyer de soins de longue durée**  
Winbourne Park,      905-426-6296  
1020 Westney Road North,      Fax 905-426-6297  
Ajax ,ON L1T 4K6

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Caroline Tompkins #166, Patricia Powers #157

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint Inspection related to resident care and meal service During the course of the inspection, the inspectors spoke with the Administrator, the Director of Care, 2 registered nursing staff ,two personal support workers three residents and two family members During the course of the inspection, the inspector observed the residents in the dining room during lunch. The plan of care and services provided to the residents named in the complaint were reviewed. dining service. The following Inspection Protocol was used during this inspection:  
Dignity ,Choice, Privacy Inspection Protocol and Personal Support Services Inspection Protocol

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>  
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<b>Title:</b>	<b>Date:</b>	<b>Date of Report: (if different from date(s) of inspection).</b>  October 7 110
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