



**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

London Service Area Office
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London ON N6B 1R8

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291, rue King, 4^{ème} étage
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**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 of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 23, 2011	2011-145-2263-23Feb141241	Critical Incident L-00227

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

Banwell Gardens, 3000 Banwell Road, Tecumseh, ON., N8N 2M4

Name of Inspector/Nom de l'inspecteur

Karin Mussart, #145

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection relating to flooding damage to the home.

During the course of the inspection, the inspector spoke with: 2 Revera Corporate Representatives and the Administrator.

During the course of the inspection, the inspector toured the damaged areas of the home and reviewed the temporary emergency practices in place. Also reviewed homes policy and procedures relating to the Emergency Plan (EPM-G-15-35); Emergency Procedures (EPM-J-80); Emergency Plan Manual Code Green (EPM-G-15-60); Evacuation Procedures (EPM-G-15-70); Contact Lists (EPM-B-10).

The following Inspection Protocols were used during this inspection:
Safe and Secure Home Inspection Protocol

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

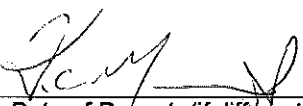


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title:	Date:	 Date of Report: (if different from date(s) of inspection). March 8, 2011