



**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., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} 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
conformité

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection November 17, 2010	Inspection No/ d'inspection 2010_136_2895_17NOV115916	Type of Inspection/Genre d'inspection Complaint O-001193
Licensee/Titulaire Revera Long Term Care Inc., 55 Standish Court, 8 th floor, Mississauga, ON, L5R 4B2 Phone 289-360-1200 fax 289-360-1201		
Long-Term Care Home/Foyer de soins de longue durée Bay Ridges Long Term Care Centre, 900 Sandy Beach Road, Pickering, ON, L1W 1Z4 Phone 905-837-8 745 Fax 905-837-8496		
Name of Inspector(s)/Nom de l'inspecteur(s) Delores Mac Donald (136)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection into the nutritional care given to a resident. During the course of the inspection, the inspector spoke with the Administrator, Director of Care, nursing and dietary staff working in the resident's home area. During the course of the inspection, the inspector reviewed the care record of the resident and observed the afternoon nourishment pass. The Nutrition and Hydration Protocol was used during this inspection: ☒ There are no findings of Non-Compliance as a result of this inspection.		

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). 