Ontario

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

Rapport d'inspection prevue 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

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	_ Licensee Copy/Copie du Titulaire X Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection **Sept 13-14, 2010**	**Inspection No/ d'inspection** 2010_106_2620_15Sep163018	**Type of Inspection/Genre d'inspection** Follow Up
Licensee/Titulaire Revera Long Term Care INC		
Long-Term Care Home/Foyer de soins de longue durée Birchwood Terrace		
Name of Inspector(s)/Nom de l'inspecteur(s) Margot Burns-Prouty		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Follow Up inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of care and services, Manager of Environmental Services, Registered Practical Nurses, and Personal Support Workers.

During the course of the inspection, the inspector: Interviewed staff members, observed care provided to residents in facility, audited electronic plan of care, audited written plan of care, reviewed facility policies and procedures.

The following Inspection Protocols were used in part or in whole during this inspection: Safe and Secure Home, Responsive Behaviours and Personal Support Services.

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

CORRECTED NON-COMPLIANCE Non-respectés à Corrigé				
REQUIREMENT EXIGENCE	**TYPE OF ACTION/ORDER**	**ACTION/ ORDER #**	**INSPECTION REPORT #**	**INSPECTOR ID #**
LTCHA, 2007, S.O. 2007 c. 8, s. 6 (10)(b)	WN		2010_106_2620_14Jul121647	106
O. Reg. 79/10, S. 26 (3) 5	WN, VPN		2010_106_2620_14Jul121647	106
O. Reg. 79/10, S. 9.2	WN, VPC		2010_106_2620_14Jul121647	106
O. Reg. 79/10, S. 90 (2) (g)	WN		2010_106_2620_14Jul121647	106

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).**