



**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

London Service Area Office  
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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  
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| <b>Date(s) of inspection/Date de l'inspection</b><br>Sept. 09, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Inspection No/ d'inspection</b><br>2010_112_2573_09Sep103403 | <b>Type of Inspection/Genre d'inspection</b><br>CI L00528 |
| <b>Licensee/Titulaire</b><br>Revera Long Term Care Inc., 55 Standish Court, 8 <sup>th</sup> Floor, Mississauga, ON L5R 4B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                           |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Sumac Lodge, 1464 Blackwell Road, Sarnia, ON N7M 5M4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                           |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Carole Alexander                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                           |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                           |
| The purpose of this inspection was to conduct a critical incident inspection.<br><br>During the course of the inspection, the inspector spoke with: The administrator, Director of Care, and 2 Registered staff<br>During the course of the inspection, the inspector: reviewed the home's narcotic count system and the process for ordering and receiving medications from the pharmacy.<br><br>The following Inspection Protocols were used in part or in whole during this inspection:<br>Medication Inspection Protocol<br><br><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection. |                                                                 |                                                           |

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| <b>Inspector ID #:</b> | 112 |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Signature of Licensee or Representative of Licensee</b><br>Signature du Titulaire du représentant désigné<br><br><br><b>Title:</b><br><br><b>Date:</b> | <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><br><br><b>Date of Report (if different from date(s) of inspection).</b> |
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