



**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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**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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Date(s) of inspection/Date de l'inspection November 2, 2010	Inspection No/ d'inspection 2010-121-2624-02Nov172822	Type of Inspection/Genre d'inspection Follow-up to complaint L-00028
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Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court, Mississauga, ON L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Summit Place, 850-4th St. E., Owen Sound ON, N4K 6A3

Name of Inspector(s)/Nom de l'inspecteur(s)
Elizabeth Elvidge (#121)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up to a complaint inspection related to accessibility of a current plan of care.

During the course of the inspection, the inspector spoke with: The Executive Director, the RAI Coordinator and a Registered Nurse.

During the course of the inspection, the inspector: Reviewed documentation

The following Inspection Protocols were used in part or in whole during this inspection:
Personal Support Services

☒ 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.



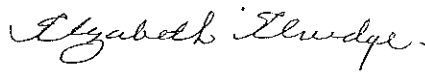
Ministry of Health and
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Rapport
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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007 c. 8, s.6(1)(c)	WN and VPC		2010_121_2624_28Jul142930	121

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). November 4, 2010	