



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

**Papport d'inspection  
en vertu de la Loi de 2007  
sur 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

Ottawa Service Area Office  
347 Preston St., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

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

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ème</sup> étage  
Ottawa ON K1S 3J4

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

<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection  Sept.27, 2010	Inspection No/ d'inspection  2010_111_2503_20Sept115917	Type of Inspection/Genre d'inspection  Compliant (Log # 0-000224 & 0-000197)
<b>Licensee/Titulaire</b> Craiglee Nursing Home Limited, c/o Deloitte & Touche Inc. 181 Bay Street, Brookfield Place, Suite 1400, Toronto, ON M5J 2V1 416-601-6690 Fax		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Craiglee Nursing Home, 102 Craiglee drive, Scarborough, ON M1N 2M7 416-264-2190 Fax		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Lynda Brown (#111)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a CIS inspection related to resident to resident abuse. During the course of the inspection, the inspector spoke with the Administrator and both residents. During the course of the inspection, the inspector reviewed both residents' health records. Responsive Behaviours IP was used during this inspection.		
<input checked="" type="checkbox"/> 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:	Date of Report: (if different from date(s) of inspection).  Oct. 14, 2010