



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

**Rapport d'inspection
prévue 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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

**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
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection December 16, 20, 2010	Inspection No/ d'inspection 2010_132_9512_20Dec142343	Type of Inspection/Genre d'inspection Other: T-2261
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Licensee/Titulaire
Toronto Long-Term Care Homes and Services
55 John Street, Metro Hall, 11th Floor
Toronto, Ontario, M5V 3C6

Long-Term Care Home/Foyer de soins de longue durée
Cummer Lodge
205 Cummer Avenue
North York, ON M2M 2E8

Name of Inspector(s)/Nom de l'inspecteur(s)
Rosemary Lam (#132)

Inspection Summary/Sommaire d'inspection

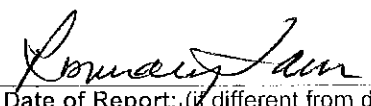
The purpose of this inspection was to conduct a Critical Incident inspection for an unexpected death.

During the course of the inspection, the inspectors spoke with: The Administrator; MDS Coordinators; Director of Care; Personal Support workers and Private sitters.

During the course of the inspection, the inspector reviewed relevant medical records.

The following Inspection Protocol was used in part or in whole during this inspection:
Falls Prevention 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: _____	 Date of Report: (if different from date(s) of inspection).