



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

**Rapport d'inspection
prévues 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
conformité

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection December 13,14, 2010	Inspection No/ d'inspection 2010113255613Dec110954	Type of Inspection/Genre d'inspection T1645 - complaint
Licensee/Titulaire Chartwell Master Care LP, 100 Milverton Drive, Suite 700, Mississauga, ON L5R 4H1		
Long-Term Care Home/Foyer de soins de longue durée The Gibson Long-Term Care Centre, 1925 Steeles Avenue East, North York, ON M2H 2H3		
Name of Inspector/Nom de l'inspecteur(s) Jane Carruthers - 113		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection regarding an outbreak.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator and Director of Care.</p> <p>During the course of the inspection, the inspector: reviewed documentation of the outbreak.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Infection Prevention and Control</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p>Jane Carruthers</p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). March 17/2011</p>