



**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

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**Ministère de la Santé et des Soins de  
longue durée**  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire		<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Date(s) of inspection/Date de l'inspection</b> January 25, 26, 28, 2011	<b>Inspection No/ d'inspection</b> 2011_178_9545_25Jan102607	<b>Type of Inspection/Genre d'inspection</b> Critical incident T-3195
<b>Licensee/Titulaire</b> Toronto Long-Term Care Homes and Services, 55 John Street, Metro Hall, 11 <sup>th</sup> Floor, Toronto, ON, M5V 3C6, Fax 416-392-4180		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Kipling Acres		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Susan Lui, 199		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Nurse Manager, registered staff.</p> <p>During the course of the inspection, the inspector: reviewed one resident record and the home's investigation of his abuse complaint, reviewed Home's policy and education for Zero Tolerance for Abuse and Neglect, reviewed employee inservice statistics.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Prevention of Abuse and Neglect.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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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). Feb 2, 2011	