



**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

**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

Toronto Service Area Office  
55 St. Clair Avenue West, 8<sup>th</sup> Floor

Telephone: 416-325-9297  
1-866-311-8002  
Facsimile: 416-327-4486

Bureau régional de services de Toronto  
55, avenue St. Clair ouest, 8<sup>me</sup> étage  
Ottawa ON K1S 3J4

Téléphone: 416-325-9297  
1-866-311-8002  
Télécopieur: 416-327-4486

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of inspection/Genre d'inspection
September 2, 2010	2010_101_2591_01Se p120334	Complaint (T0447)
<b>Licensee/Titulaire</b>		
601091 Ontario Limited		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Cedervale Terrace 429 Walmer Road, Toronto ON M5P 2X9		
<b>Name of Inspector(s)/Nom de l'Inspecteur(s)</b>		
Amanda Williams		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with the Administrator and residents.

During the course of the inspection, the inspector conducted an inspection of tables in the main floor dining room.

The following Inspection Protocols were used during this inspection:  
Safe and Secure

- There are no findings of Non-Compliance as a result of this inspection.  
 Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN AW  
1 VPC



Ministry of Health and  
Long-Term Care  
Ministère de la Santé et  
des Soins de longue durée

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*

## NON-COMPLIANCE / (Non-respectés)

### Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référance envoyée

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigences prevue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA 2007 S.O. 2007, c.8 s. 15(2)(c). Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

### Findings:

1. Tables 12C and 10C located in the main floor dining room were wobbly creating a potential spill hazards.
2. The flooring in the main dining room was noted to be uneven with grading differentials noted.

Inspector ID #: 101

### Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure dining room tables are maintained in safe condition (i.e. stable) at all times. This plan is to be implemented voluntarily.

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:

Administrator

Date:

Sept 21/10

Date of Report (if different from date(s) of inspection).