



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

**Rapport d'inspection
prévus 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
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Date(s) of inspection/Date de l'inspection October 26, 2010	Inspection No/ d'inspection 2010_125_2591_26Oct113715	Type of Inspection/Genre d'inspection Follow up to CIS #T0951
Licensee/Titulaire 601091 Ontario Limited, 429 Walmer Road, Toronto ON M5P 2X9		
Long-Term Care Home/Foyer de soins de longue durée Cedarvale Terrace, 429 Walmer Road, Toronto ON M5P 2X9		
Name of Inspector(s)/Nom de l'inspecteur(s) Marsha Hardwick (125)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Follow-up to a Critical Incident Report.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered staff, Personal Support Workers and one resident</p> <p>During the course of the inspection, the inspector reviewed a resident file, interviewed staff and one resident.</p> <p>The following Inspection Protocols were used during this inspection: Responsive Behaviours</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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. <i>2009 24 2010 Manda Hadjivassiliou</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).