



**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**

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

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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 October 26, 27, 2010	Inspection No/ d'inspection 2010_178_2591_27Oct103125	Type of Inspection/Genre d'inspection Complaint T-1558
---	---	---

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)
Susan Lui (199)

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: Administrator, Director of Care, Registered staff, personal support workers, Registered Dietitian, Social Support Worker, Quality Management Coordinator, and one resident.

During the course of the inspection, the inspector reviewed resident files, interviewed staff and one resident.

The following Inspection Protocols were used during this inspection: Responsive Behaviours

There are no findings of Non-Compliance as a result of this inspection.



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 prévue
le *Loi de 2007 les
foyers de soins de
longue durée*

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>Auser Li (199)</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>Nov. 22, 2010</i>