



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

**Rapport d'inspection  
prévue le L<sup>o</sup>i 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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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> 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
<b>Licensee/Titulaire</b> 601091 Ontario Limited, 429 Walmer Road, Toronto ON M5P 2X9		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Cedarvale Terrace, 429 Walmer Road, Toronto ON M5P 2X9		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Susan Lui (199)		
<b>Inspection Summary/Sommaire d'inspection</b>		
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		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		



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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 of Report: (if different from date(s) of inspection)  _____ Nov. 22, 2010