



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**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

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection January 4, 6, February 22, March 28, 31, 2011, May 12, 2011	Inspection No/ d'inspection 2011_103_9634_06Apr122839	Type of Inspection/Genre d'inspection Complaint
Licensee/Titulaire 2109577 Ontario Limited o/a Arbour Heights 1050 Wenleigh Court, Mississauga, ON L5H 1M7 Phone # 905-278-6789 Fax # 905-271-3478		
Long-Term Care Home/Foyer de soins de longue durée Arbour Heights 546 Tanner Drive, Kingston, ON K7M 0C3 Fax# 613-544-1101		
Name of Inspector(s)/Nom de l'inspecteur(s) Darlene Murphy (#103), Wendy Berry (#102)		
Inspection Summary/Sommaire d'inspection		



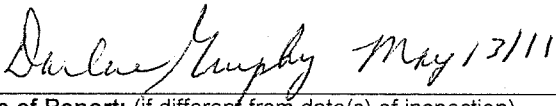
The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspectors spoke with staff members.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

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

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.	
		 May 13/11	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	