



**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

**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	
<b>Date(s) of inspection/Date de l'inspection</b> January 17, 19, 2011 January 26, 2011 (Inquiry)	<b>Inspection No/ d'inspection</b> 2011_152_9510_17Jan120307	<b>Type of inspection/Genre d'inspection</b> Complaint Log #2627
<b>Licensee/Titulaire</b> Toronto Long-Term Care Homes and Services 55 John Street, Toronto, ON M5V 3C6 416-392-4180		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Castleview Wychwood Towers 351 Christie Street Toronto, ON M6G 3C3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Catherine Palmer (152)		
<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 the home's administrator, physician, registered dietitian, and nurse manager.		
During the course of the inspection, the inspector reviewed resident's health care record, interviewed staff.		
The following Inspection Protocols were used in part or in whole during this inspection: Nutrition and Hydration		
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.		

Signature of Licensee or Representative of Licensee

Signature of Health System Accountability and Performance Division



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Signature du Titulaire du représentant désigné		representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title:	Date:	Date of Report: (If different from date(s) of inspection). <i>February 4, 2011</i>