



**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  
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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> May 5, 2011	<b>Inspection No/ d'inspection</b> 2011_113_2937_05May112408	<b>Type of Inspection/Genre d'inspection</b> Other CI Log # 1149-11 Log # 1097 (see intake)
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**Licensee/Titulaire**  
Copernicus Lodge, 66 Roncesvalles Ave, Toronto, ON M6R 3A7

**Long-Term Care Home/Foyer de soins de longue durée**  
Copernicus Lodge, 66 Roncesvalles Ave. Toronto ON M6R 3A7

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Jane Carruthers - #113

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct an inspection at Wavel Villa Seniors Residences after six Residents were relocated from Copernicus Lodge to Wavel Villa Seniors Residences after a flood at Copernicus Lodge.

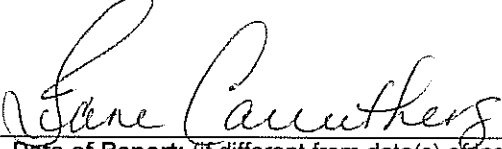
During the course of the inspection, the inspector spoke with: A Registered Staff and Personal Support Worker sent over from Copernicus Lodge and Administrator of Copernicus Lodge by telephone.

During the course of the inspection, the inspector conducted a walk through of the areas in the Retirement Home where the Long-Term Care Residents were being cared for, and took hot water temperatures.

The following Inspection Protocols were used in part or in whole during this inspection: Safe and Secure Home.

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.	
Title: _____ Date: _____		 Date of Report: (if different from date(s) of inspection). <i>June 7, 2011</i>	