



**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  
conformité

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

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

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>th</sup> étage  
Ottawa ON K1S 3J4

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

	<b>Licensee Copy/Copie du Titulaire</b>	<input checked="" type="checkbox"/> <b>Public Copy/Copie Public</b>
<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
May 12, 2011		
2011_102_2787_12May102021		
<b>Licensee/Titulaire</b> Crown Ridge Health Care Services Inc. 106 Crown Street Trenton, Ontario K8V 6R3 Fax #613 392 6360		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Crown Ridge Place 106 Crown Street Trenton, Ontario K8V 6R3 Fax # 613 392 6939		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Wendy Berry (102)		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection related to one resident's concerns.		
During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, a Personal Support Worker and a resident.		
During the course of the inspection, the inspector: reviewed one resident's chart; visited a resident's room.		
The following Inspection Protocols were used during this inspection: Safe and Secure home; Privacy, Dignity and Choice		
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.
Title:	Date:	Date of Report: (if different from date(s) of inspection). May 13, 2011