



**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
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
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Toronto, ON M4V 2Y7

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

Date(s) of inspection/Date de l'inspection December 13 and December 14, 2010	Inspection No/ d'inspection 2010_152_2468_13Dec103300	Type of Inspection/Genre d'inspection Complaint
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Licensee/Titulaire
2102677 Ontario Inc. as General Partner for Rykka Care Centres LP
50 Samor Road, Suite 205
Toronto, ON
M6A 1J6
Fax 416-479-4346

Long-Term Care Home/Foyer de soins de longue durée
Eatonville Care Centre (formerly Highbourne Lifecare Centre)
420 The East Mall
Etobicoke ON M9B 3Z9

Name of Inspector(s)/Nom de l'inspecteur(s)
Catherine Palmer (152) and Nicole Ranger (189)

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 the administrator, assistant director of care, registered staff.

During the course of the inspection, the inspectors reviewed resident's health care record, reviewed resident admission agreement, completed interviews.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Resident Charges

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>January 7, 2011</i>	