



**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

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4ième étage  
London ON N6B 1R8

**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: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 19, 2010	2010_191_9578_19Nov102236	Complaint L-01696

**Licensee/Titulaire**  
Regional Municipality of Waterloo, 150 Frederick Street, Kitchener, ON N2A 4J3

**Long-Term Care Home/Foyer de soins de longue durée**  
Sunnyside Home, 247 Franklin Street North, Kitchener, ON N2A 1Y5

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Kim White #191

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to resident care.

During the course of the inspection, the inspector spoke with: the Quality/Risk Manager and Director of Operations.

During the course of the inspection, the inspector: reviewed the files of a resident admitted for respite.

The following Inspection Protocols were used in part or in whole during this inspection:  
None.


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**

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>	<b>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.</b>  
<b>Title:</b> _____ <b>Date:</b> _____	<b>Date of Report: (if different from date(s) of inspection).</b> November 22, 2010