



**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

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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
January 11, 2011	2011_116_9595_11Jan124600	Complaint Log# 2548, Log # 2730	
Licensee/Titulaire			
City of Toronto Long-Term Care Homes and Services			
Long-Term Care Home/Foyer de soins de longue durée			
Lakeshore Lodge, 3197 Lakeshore Boulevard West, Etobicoke, ON M8V 3X5			
Name of Inspector/Nom de l'inspecteur			
Sarah Daniel-Dodd, Nursing Inspector			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection regarding weight loss and unexplained bruising.			
During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Registered Staff and frontline staff members.			
During the course of the inspection, the inspector: Reviewed the health record of a resident , reviewed the homes falls prevention and management policy # RC-0518-21, held interviews with members of the management team and registered staff members.			
The following Inspection Protocols were used in part or in whole during this inspection:			
Falls Inspection			
Nutrition and Hydration			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			



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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). March 22, 2011