



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

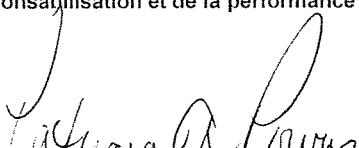
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection September 23, 2010	Inspection No/ d'inspection 2010_157_2503_03Nov111611	Type of Inspection/Genre d'inspection Complaint Log #O-001674
Licensee/Titulaire Deloitte & Touche Inc., 181 Bay Street, Brookfield Place, Suite 1400, Toronto, ON M5J 2V1 Fax (416)601-6690		
Long-Term Care Home/Foyer de soins de longue durée Craiglee Nursing Home, 102 Craiglee Drive, Scarborough, ON M1N 2M7 Fax (416)267-8176		
Name of Inspector(s)/Nom de l'inspecteur(s) Pat Powers, #157 Lynda Brown #111		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to the care of a resident of the home.		
During the course of the inspection, the inspectors spoke with the resident, the Administrator and an Extendicare Corporate Representative.		
During the course of the inspection, the inspectors observed the resident's clinical health record and observed all storage areas in the basement of the facility.		
The following Inspection Protocols were used during this inspection: Dignity, Choice and Privacy		
No findings of Non-Compliance were found during 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). 