



**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

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

Bureau régional de services d'Ottawa
347, rue Preston, 4^{iem} étage
Ottawa ON K1S 3J4

**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: 613-569-5602
Facsimile: 613-569-9670

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

Licensee Copy/Copie du Titulaire 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). November 5, 2010