



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus 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

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**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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Date(s) of inspection/Date de l'inspection February 17 2011	Inspection No/ d'inspection 2011_166_2885_10Mar104104	Type of Inspection/Genre d'inspection LogO-00137-00294 Complaint
Licensee/Titulaire Regency LTC Operating Limited Partnership on behalf of Regency Operating GP Inc.as General Partner 100 Milverton Drive Tel 905-501-9219 Suite 700 Fax 905-501-4711 Mississauga ON L5R 4H1		
Long-Term Care Home/Foyer de soins de longue durée The Wynfield 451 Woodmount Drive Tel 905 571-0065 Oshawa, ON Fax 905-579-4902 L1G 8E3		
Name of Inspector(s)/Nom de l'inspecteur(s) Caroline Tompkins#166 Chantal Lafreniere #194		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to the care of a resident.</p> <p>During the course of the inspection, the inspectors spoke with: the Acting Administrator, the Assistant Director of Care, the Social Worker, three Personal Support Workers and a member of the Registered Nursing staff. During the course of the inspection, the inspectors: Reviewed the resident's clinical records and reviewed the communication between the members of the Multidisciplinary Care Team and the resident's Power of Attorney. The following Inspection Protocol was used during this inspection: Dignity, Choice and Privacy.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>		

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 11 2011