



# 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

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

Telephone: 613-569-5602  
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4ièm étage  
Ottawa ON K1S 3J4

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

		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 4 2011	2011_166_8579_29April134004	logO-000132 Complaint
<b>Licensee/Titulaire</b> The Wexford Residence Inc. 1860 Lawrence Avenue East, Scarborough,ON M1R 5B1		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> The Wexford 1860 Lawrence Avenue East, Scarborough,ON M1R 5B1		
Tel-1-416-752-8877 Fax 1-416-752-4350		
Tel-1-416-752-8877 Fax 1-416-752-4350		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Caroline Tompkins #166 Patricia Powers # 157		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a compliant inspection related to resident care.</p> <p>During the course of the inspection, the inspectors spoke with: the Administrator, the Director of Care, the Physiotherapist, a member of the Registered staff, and the resident's daughter.</p> <p>During the course of the inspection, the inspectors: Observed the resident and reviewed the resident's clinical records.</p> <p>The Falls Inspection Protocol was used during this inspection:</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). <i>May 9, 2011</i>