



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

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

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

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

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} 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 September 21 2010	Inspection No/ d'inspection 2010_166_8579_21Sept115755	Type of Inspection/Genre d'inspection Complaint- log# O-000524

Licensee/Titulaire

The Wexford Residence Inc.,
1860 Lawrence Avenue East 1-416-752-8877 Fax 1-416-752-8414
Toronto ON M1R 5B1

Long-Term Care Home/Foyer de soins de longue durée

The Wexford
1860 Lawrence Avenue East
Scarborough ON M1R 5B1 1-416-752-8877 Fax 1-416-752-8414

Name of Inspector(s)/Nom de l'inspecteur(s)

Caroline Tompkins #166 Patricia Powers #157

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspectors spoke with: the resident , the Director of Care, 2 personal support workers, a member of the registered nursing staff and the resident's physician.

During the course of the inspection, the inspectors: reviewed the resident's health records.

The following Inspection Protocol was used during this inspection:
Personal Support

There are no findings of Non-Compliance as a result of 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). October 14 2010