



**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

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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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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 21 2010	2010_166_8579_21Sept115755	Complaint- log# O-000524

Licensee/Titulaire

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

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