

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

**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
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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January 12, 2011

Ms. Sandy Bassett
Administrator
The Wexford
1860 Lawrence Avenue, East
Scarborough ON M1R 5B1

Dear Ms. Bassett:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on December 8, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely


Caroline Tompkins
LTC Home Inspector – Nurse

c President, Resident's Council
President, Family Council



**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***

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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
December 8 2010	2010_166_8579_22Dec112856	Log O-002792

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

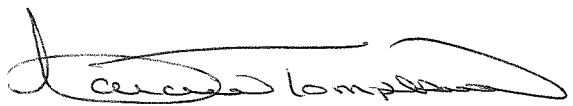
Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to resident care.

During the course of the inspection, the inspectors spoke with: the resident, the Administrator, the Director of Care, 2 personal support workers, 2 members of the registered nursing staff, a physician, family members and other residents who live in the home.

During the course of the inspection, the inspectors: reviewed the resident's health records and observed equipment used for lifting and transferring residents, and reviewed the home's policy on continence care and bowel protocol.

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).  December 23 2010