



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 prévus par la *Loi de 2007 les foyers de soins de longue durée*

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Date(s) of inspection/Date de l'inspection November 30 and December 1, 2010	Inspection No/ d'inspection 2010_148_2665_29Nov151838	Type of Inspection/Genre d'inspection Complaint Log #O-002536
Licensee/Titulaire		
New Orchard Lodge Limited [a subsidiary of Extendicare (Canada) Inc.] 3000 Steeles Avenue East, Suite 700 Markham, Ontario L3R 9W2 Fax 905-470-5588		
Long-Term Care Home/Foyer de soins de longue durée		
Extendicare Laurier Manor 1715 Montreal Road Gloucester, Ontario K1J 6N4 Fax 613-741-8432		
Name of Inspector/Nom de l'inspecteur		
Amanda Nixon (ID #148)		
Inspection Summary/Sommaire d'inspection		



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

During the course of the inspection, the inspector spoke with the Clinical Coordinator, Receptionist and Office Manager responsible for resident charges and monthly financial statements and the Power of Attorney for the identified resident. Note, that on the date of the on-site inspection, November 30th 2010, the Administrator and Director of Care were not in the home.

During the course of the inspection, the inspector reviewed the following documents specific to an identified resident:

- Invoices from January 2010 to November 2010
- "Payer's Authorization for Pre-authorized Payments for Business Purposes"
- "Schedule D – Unfunded Services"

The following Inspection Protocols were used during this inspection:

- Resident Charges Inspection

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 of Report: (if different from date(s) of inspection). December 6, 2010