



**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

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public	
Date(s) of inspection/Date de l'inspection October 26, 2010	Inspection No/ d'inspection 2010_133_2665_26Oct124702	Type of Inspection/Genre d'inspection Complaint – Log #0-001424

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,
K1N 5M2
Fax 613-741-8432

Name of Inspector(s)/Nom de l'inspecteur(s)
Jessica Lapensee (#133)

Inspection Summary/Sommaire d'inspection



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The purpose of this inspection was to conduct a complaint inspection related to cleanliness and odors throughout the 4th floor.

During the course of the inspection, the inspector spoke with the Director of Care, registered nursing staff, personal support workers, a housekeeper and residents on the 4th floor.

During the course of the inspection, the inspector observed all resident's bedrooms and bathrooms on the 4th floor.

The following Inspection Protocol was used during this inspection:
Accommodation Services - Housekeeping

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). 