



**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

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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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<b>Date(s) of inspection/Date de l'inspection</b> December 16, 2010	<b>Inspection No/ d'inspection</b> 2010_148_2579_03Dec144501	<b>Type of Inspection/Genre d'inspection</b> Critical Incident Log # O-002880
<b>Licensee/Titulaire</b> Extendicare Northeastern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.], 3000 Steeles Avenue East, Suite 700 Markham, Ontario L3R 9W2 905-470-5588		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Extendicare Medex, 1865 Baseline Road Ottawa K2C3K6 613-225-0960		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Amanda Nixon #148		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection related to the unexpected death of an identified resident.

During the course of the inspection, the inspector spoke with the Director of Care, Assistant Director of Care, the day Registered Nurse responsible for care December 16, 2010, the Registered Practical Nurse, Personal Support Worker and a Food Service Worker, who were all on duty on the day of the incident.

During the course of the inspection, the inspector reviewed the health care record of the resident, including physician orders, plan of care and care flow sheets. In addition, the work routines of the Registered Practical Nurses were also reviewed.

The following Inspection Protocols were used during this inspection:  
Hospitalization and Death

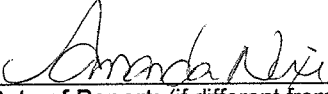
There are no findings of Non-Compliance as a result of this inspection.



Ministry of Health and  
Long-Term Care  
Ministère de la Santé et  
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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 22, 2010