



**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

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**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

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

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 1, 2010	Inspection No/ d'inspection 2010_188_2579_01Oct09453	Type of Inspection/Genre d'inspection Complaint – log # O-001320
Licensee/Titulaire Extendicare Northeastern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.] 3000 Steeles Avenue East Suite 700 Markham, ON L3R 9W2 Fax: 905-470-5588		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Medex 1865 Baseline Rd Ottawa ON K2C 3K6 Fax: (613) 225-0960		
Name of Inspector(s)/Nom de l'inspecteur(s) Lyne Duchesne # 117		
Inspection Summary/Sommaire d'inspection		



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

The purpose of this inspection was to conduct a complaint inspection related to care and services provided to an identified resident.

During the course of the inspection, the inspector spoke with the home's Director of Care, the home's Assistant Director of Care, the unit day Registered Nurse, to 2 health care aids, to a resident and to the identified resident.

During the course of the inspection, the inspector reviewed the identified resident's health care records, examined the identified resident's room, observed the breakfast meal service of October 1, 2010 as well as reviewed the home's policy # 05-07-04 related to personal hygiene/grooming

The following Inspection Protocols were used during this inspection:

1. Personal Support Services

No findings of Non-Compliance were found during 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: October 13, 2010