



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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
Hamilton, ON L8P 4Y7

Telephone: 905-546-8294
Facsimilie: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy	Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique
---	--

Date(s) of inspection/Date de l'inspection August 13, 2010	Inspection No/ d'inspection 2010_138_2579_13Aug093312	Type of Inspection/Genre d'inspection Mandatory Report Critical Incident-Log# 000115
--	---	---

Licensee/Titulaire

Extendicare Northeastern Ontario 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 Medex, 1865 Baseline Rd., Ottawa, ON, K2C 3K6, Fax 613- 225-0960

Name of Inspector(s)/Nom de l'inspecteur(s)

Carole Baril (ID #150) / Paula MacDonald (ID #138)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspectors spoke with:
The Director of Care, Regional Manager, members of the registered nursing staff, personal support staff and the residents.

During the course of the inspection, the inspectors: Reviewed the resident health records, interviewed staff and observed the residents activities.

The following Inspection Protocol was used during this investigation:
Responsive Behaviours.

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

Signature of Licensee of Designated Representative 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. <i>Carole Baril for Paula MacDonald</i> <i>Carole Baril LTC Inspector</i>
Title:	Date:
Date of Report (if different from date(s) of inspection). <i>October 20, 2010</i>	