



**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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| <b>Inspection Report under the LTC Homes Act, 2007</b><br><input checked="" type="checkbox"/> Public Copy<br><input type="checkbox"/> Licensee Copy   |  | <b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b><br><input type="checkbox"/> Copie du Titulaire<br><input type="checkbox"/> Copie de la Publique |   |
| <b>Date(s) of inspection/Date de l'inspection</b><br>August 13, 2010  |  | <b>Inspection No/ d'inspection</b><br>2010_138_2579_13Au<br>g094030  | <b>Type of Inspection/Genre d'inspection</b><br>Mandatory Report<br>Critical Incident-Log# 0-000887 |
| <b>Licensee/Titulaire</b><br>Extencicare Northeastern Ontario Inc,<br>3000 Steeles Avenue East, Suite 700, Markham, Ontario, L3R 9W2, Fax 905-470-5588  |  |  |   |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Extencicare Medex, 1865 Baseline Rd., Ottawa, ON, K2C 3K6, Fax 613- 225-0960   |  |  |   |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Carole Baril (ID #150) / Paula MacDonald (ID #138)  |  |  |   |
| <b>Inspection Summary/Sommaire d'inspection</b>   |  |  |   |
| The purpose of this inspection was to conduct a critical incident inspection.<br><br>During the course of the inspection, the inspectors spoke with:<br>The Director of Care, Regional Manager, members of the registered nursing staff, personal support staff and the resident.<br><br>During the course of the inspection, the inspectors: Reviewed the resident health records, interviewed staff and observed the resident.<br><br>No inspection protocol used during this inspection, adhoc notes were done.<br><br>There are no findings on Non-Compliance as a result of this inspection. |  |  |   |

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| <b>Signature of Licensee of Designated Representative</b><br>Signature du Titulaire du représentant désigné |              | <b>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.</b> |  |
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| <b>Title:</b>   | <b>Date:</b> | <b>Date of Report (if different from date(s) of inspection).</b><br>October 20, 2010  |  |