



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

**Inspection Report
under the *Long-Term Care Homes Act, 2007***

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

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**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de longue durée***

Bureau régional de services de Hamilton
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 11, 2011	2011_147_2884_11Mar110941	Critical Incident – H-00404
Licensee/Titulaire 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 Mississauga 855 John Watts Boulevard Mississauga, ON L5W 1G2		
Name of Inspector Laleh Newell - #147		
Inspection Summary/Sommaire d'inspection		



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The purpose of this inspection was to conduct a Complaint inspection related to staff to resident abuse.

During the course of the inspection, the inspector spoke with:

Director of Care, Assistant Director of Care and Staff

During the course of the inspection, the inspector:

Reviewed the Internal incident report, the internal investigation report, and the personnel file of staff who were involved in the incident. Reviewed resident health care records, policy and procedures, observed care, toured the home and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

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:

[Handwritten Signature] April 1/11