



**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

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

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119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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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Date(s) of inspection/Date de l'inspection August 11 and 12, 2010	Inspection No/ d'inspection 2010_147_2884_11Aug141708	Type of Inspection/Genre d'inspection Complaint – H-00681
Licensee/Titulaire Extendicare (Canada) Inc. 3000 Steeles Avenue East Suite 700 Markham, ON L3R 9W2		
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		



The purpose of this inspection was to conduct a Complaint inspection related to insufficient incontinent products for residents.

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

- Director of Care, Assistant Director of Care, Administrator, Nursing Administrator and Staff

During the course of the inspection, the inspector:

- Reviewed the Policy and Procedure related to incontinent products, distribution list per unit, needs assessment per resident related to incontinent product, distribution process of incontinent product to each unit, and supplies on hand for each unit,
- Reviewed residents for new or worsening of wounds.
- Interviewed unit staff related to incontinent product.


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:

 NOV 2/10.
Date of Report: (if different from date(s) of inspection).