



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

**Rapport d'inspection
prevue 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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Hamilton, ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

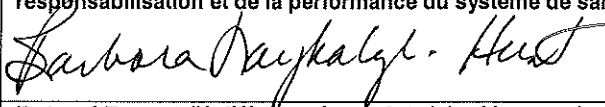
Division de la responsabilisation et de la performance du
système de santé
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Date(s) of inspection/Date de l'inspection October 15 and 18, 2010	Inspection No/ d'inspection 2010_192_2321_08Oct133658	Type of Inspection/Genre d'inspection Critical Incident (H – 01355)
Licensee/Titulaire Extendicare Southwestern Ontario Inc.(a subsidiary of Extendicare (Canada) Inc.), 3000 Steeles Avenue East, Suite 700 Markham, ON, L3R 9W2		
Long-Term Care Home/Foyer de soins de longue durée Extendicare St. Catharines, 283 Pelham Road, St. Catharines, ON, L2S 1X7		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt # 146, Debora Saville # 192		
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 Administrator, and Director of Care During the course of the inspection, the inspectors: Reviewed the health care record, reviewed the incident investigation, observed the medication storage area. The following Inspection Protocols were used during this inspection: Medication Inspection Protocol ☒ There are no findings of 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. 
Title:	Date:
Date of Report (if different from date(s) of inspection).	