



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

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

Division de la responsabilisation et de la performance du
système de santé

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection February 24 and 25, 2011	Inspection No/ d'inspection 2011_134_2485_25Feb085122	Type of Inspection/Genre d'inspection Complaint - Log # O-000373
---	---	--

Licensee/Titulaire
Extendicare Northeastern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.]
3000 Steeles Avenue East, Suite 700, Markham, ON L3R 9W2
Fax: 1- 905-470-5588

Long-Term Care Home/Foyer de soins de longue durée
Extendicare Starwood. 114 Starwood Rd, Nepean, ON K2G 3N5 fax 613-224-9309

Name of Inspector(s)/Nom de l'inspecteur(s)
Colette Asselin #134 and Carole Baril #150

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to allegations of retaliation.

During the course of the inspection, the inspectors spoke with the resident's Power of Attorney, the Administrator, the Director of Nursing and the Activity Manager, as well as to the complainant.

During the course of the inspection, the inspectors reviewed all correspondence related to the incident.

The following Inspection Protocols was used during this inspection:

1. Prevention of Abuse, Neglect and Retaliation

No Findings of Non-Compliance were found during this inspection.

Inspector ID #: # 134 and # 150

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.
	<i>Colette Asselin / Carole Baril</i>

Title: **Date:** **Date of Report:** April 27, 2011