



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

**Rapport d'inspection  
prévus 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., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> 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  
Direction de l'amélioration de la performance et de la  
conformité

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

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

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> March 16, 2011	<b>Inspection No/ d'inspection</b> 2011_150_2485_16Mar095427	<b>Type of Inspection/Genre d'inspection</b> Complaint – Log #000580
---------------------------------------------------------------------	-----------------------------------------------------------------	-------------------------------------------------------------------------

**Licensee/Titulaire**  
Extendicare Northeastern Ontario Inc.[a subsidiary of Extendicare (Canada) Inc.],3000 Steeles Avenue East, Suite 700,  
Markham, Ontario, L3R9W2, Fax.905-470-5588

**Long-Term Care Home/Foyer de soins de longue durée**  
Extendicare Starwood, 114 Starwood Road, Nepean, Ontario, K2G3N5, Fax. 613-224-9309

**Name of Inspectors/Nom des inspecteurs**  
Carole Baril (#150)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection related to an identified resident.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care, registered nursing staff, registered dietician.

During the course of the inspection, the inspectors interviewed staffs listed above and reviewed the resident's health care records.

The following Inspections Protocol was use during this inspection:  
Fall prevention Inspection Protocol

There are no findings of Non-Compliance as a result of this inspection.

<b>Signature of Licensee or Representative of Licensee</b> 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>  
<b>Title:</b>	<b>Date:</b>
	<b>Date of Report: (if different from date(s) of inspection).</b>  March 23, 2011