



**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., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>iem</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

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<b>Date(s) of inspection/Date de l'inspection</b> December 6 2010	<b>Inspection No/ d'inspection</b> 2010-117-2709-069Dec104531	<b>Type of Inspection/Genre d'inspection</b> Other (Critical Incident) Log # O-002842
<b>Licensee/Titulaire</b>  New Orchard Lodge Limited [a subsidiary of Extendicare (Canada) Inc.] 3000 Steeles Avenue East Suite 700 Markham, ON L3R 9W2 Fax: 905-470-5588		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>  Extendicare West End Villa 2179 Elmira Dr Ottawa, ON K2C 3S1 Fax: 613-829-3504		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Lyne Duchesne #117		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct an inspection related to a critical incident (#2709-000079-10) regarding an injury that resulted in a resident's transfer to hospital.

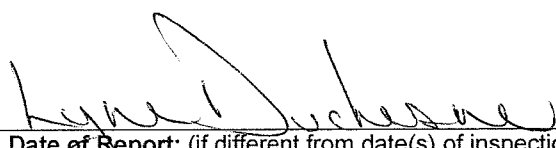
During the course of the inspection, the inspector spoke with the home's administrator, with a unit's full time day RPN and part time day RPN, with two of a unit's full time day personal support workers, with two residents.

During the course of the inspection, the inspector reviewed the health care record of a resident, reviewed a unit's 24-hour nursing report book, reviewed the home's November 3 2006 Memorandum regarding designated smoking area / night time routine and observed the home's designated smoking area.

The following Inspection Protocols were used in part or in whole during this inspection:

- Hospitalization and Death

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:	Date of Report: (if different from date(s) of inspection).	
		December 30 2010	