



**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

**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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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection  August 26, 2010	Inspection No/ d'inspection  2010_157_2925_12Aug163505

**Licensee/Titulaire**

Extendicare (Canada) Inc., 3000 Steeles Ave. East, Suite 700, Markham, ON L3R 9W2 Fax: (905)470-5588

**Long-Term Care Home/Foyer de soins de longue durée**

Extendicare Port Hope, 360 Croft St, Port Hope, ON L1A 4K8 Fax (905)885-5328

**Name of Inspector(s)/Nom de l'inspecteur(s)**

Pat Powers, #157

**Inspection Summary/Sommaire d'inspection**

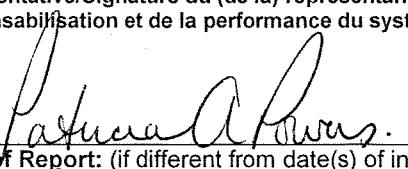
The purpose of this inspection was to conduct a critical incident inspection related to an incident of aggressive behaviour of a resident, directed to another resident.

During the course of the inspection, the inspector spoke with the Director of Care, Registered Nurse (RN), 2<sup>nd</sup> floor, Personal Support Workers (PSW), 2<sup>nd</sup> floor, and two residents.

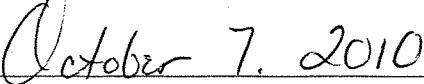
During the course of the inspection, the inspector reviewed clinical documentation, resident:resident interactions and behaviours, interactions between staff and residents and materials for staff education.

The following Inspection Protocol was used during this inspection:  
Responsive Behaviours

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).

  
October 7, 2010