Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

Findings/Faits saillants :

1. The licensee did not ensure that the home's registered dietitian completed a nutritional assessment, including an assessment of risks related to the omission of a food group at meals, for an identified resident when there was a significant change in their condition. The resident was observed to refuse their planned entree on a identified day and nursing staff provided a replacement that did not have the same nutritional values. The resident stated they routinely take the same replacement for multiple meals. Staff confirmed that the resident routinely takes the same identified replacement in place of the planned entrees at meals. The Food Services Manager and Registered Dietitian were not informed of this risk and a referral to the Registered Dietitian for assessment was not initiated by nursing staff. s.26.(4)(a)(b)
2. The licensee did not ensure that the Home's registered dietitian completed a nutritional assessment for an identified resident when there was a significant change in their health condition related to swallowing/pocketing food.
The resident had a history of choking and swallowing difficulties (as per the plan of care) and pocketed food on an identified date , however, a referral to the Registered Dietitian was not completed. The resident's plan of care identified that staff were to monitor for signs and symptoms of dysphagia (i.e. excess chewing, chewing fatigue, removing partly-chewed foods from mouth, coughing, choking, pocketing, drooling, double swallows, wet gurgly vocal quality) and report concerns to the charge nurse/RD. The Registered Dietitian confirmed that she did not receive a referral related to pocketing food.
The Home's policy related to Referral to Dietitian (policy # 04-01-03) identified chewing, swallowing and/or choking concerns as an indicator for Registered Dietitian referral. s.26.(4)(a)

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements
Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee did not ensure that actions taken with respect to two identified residents under the Recreation and Social Activities program, including interventions and the resident's responses to interventions, were documented.
The residents had plans of care for staff to provide one to one (1-1) activities, however, documentation in the resident's health record did not identify the activities being provided during the 1-1 programs and did not include the resident's responses to the interventions provided. The Recreation Manager confirmed that documentation in each residents' clinical record did not currently include this information. s.30.(2)

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service
Specifically failed to comply with the following subsections:

s. 73. (2) The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. Not all residents requiring assistance with eating and drinking had staff available to provide the assistance when the meal (including beverages) was served. At a lunch meal beverages were placed on an identified table for two residents at 12:00p.m, however, assistance was not provided until 12:44p.m. The residents sat in front of the beverages for over 45 minutes prior to assistance being provided. Both residents' plans of care stated total assistance for eating was required. One of the identified residents was reaching for their beverages during the meal, prior to receiving assistance, and knocked the beverages over and they spilled over the table and floor. s.73.(2)(b)

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee did not ensure that a significant weight loss for an identified resident was assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated.
The resident had a recorded 10% weight loss in one month in 2011, however, an interdisciplinary assessment of this weight change did not occur. A referral to the Registered Dietitian did not occur and interventions to address the weight loss were not initiated until 2 months after the weight loss, when the Registered Dietitian completed her nutritional assessment. The resident had a plan of care that identified a goal for weight maintenance within their target body weight range. The resident had been below this weight since an earlier period in 2011, without re-assessment of the goal and change to the nutritional interventions. s.69
2. The licensee did not ensure that significant weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes evaluated for another identified resident.
The resident had a 7.5% weight loss for a month in 2011, however, the weight was not assessed by nursing or dietary staff and a referral to the Registered Dietitian was not completed. Action was not taken to address the significant weight loss.
The goal on the resident's plan of care was to prevent weight loss below a targeted weight, however the resident's current weight was below the target without reassessment and a plan to prevent further weight loss. s.69

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure the home's policy related to Infection Control, policy 01-01 was complied with. The policy stated that the home will complete an annual written evaluation of the effectiveness of the Infection Control Program, as well as any action plans developed as a result of the evaluation. There was no documentation to indicate an annual review was completed. This was verified by the Director of Care. s.8(1)(b)
2. The licensee did not ensure that the home's policy related to food and fluid intake monitoring (04-04-04) was complied with. The flow sheet identified that fluid intake was to be totaled for each day and staff interview confirmed that problems with poor intake were to be reported to the charge nurse each shift.
a) Flow sheets for an identified resident reflected that fluid intake was totaled for only 3/29 days in November 2011. The resident did not meet their target fluid intake on 27/29 days for the month of November, 2011. The poor hydration was not identified and communicated for re-assessment.
b) Flow sheets for three identified residents were totaled for only 3/29 days for the month of November 2011. Problems with hydration could not easily be identified by reviewing the flow sheets. All of these residents were routinely not meeting fluid goals, (11/13 days; 29/29 days; 19/29 days, respectively). One resident did not meet their hydration goals on any day for the month of November, 2011, and the poor hydration was not identified with a plan of action to address the poor hydration.
c) Staff documenting on an identified resident's food and fluid intake records did not consistently total the fluid intake per day and did not report when fluid intake for the day was below the resident's target fluid goal as determined by the Registered Dietitian. The progress notes did not include evidence that concerns related to poor hydration were communicated to the Charge Nurse and a referral related to poor hydration was not completed for the months of October, November, and December 2011. The resident did not meet her hydration goals on 21/31 days in October, 25/30 days in November, and 8/11 days to date in December 2011. s.8.(1)(b)(107)
3. The licensee did not ensure that the home's policy related Communication Systems (08-02-01) was complied with. The policy stated staff should respond to calls bells in a rapid and courteous manner.
Documentation provided by the Director of Care regarding response times for activated call bells was reviewed for November 16, 20, 23 and 25, 2011 on Battlefield, Concession, Edgemount and Fennel home area. There were 181 activations of which 29 (16%) were not responded to within 10 minutes and 14 (8%) were not responded to within 15 minutes. Three (1.6%) responses were more than 40 minutes. The Administrator confirmed that an activated call bell should usually be responded to within 5 minutes but this time can be more depending on the situation. s.8.(1)(b)(141)

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee did not respond consistently in writing within 10 days of receiving Resident's Council concerns. The June 2011 meeting identified a concern related to ongoing dining room noise during meal time and resident's feelings of no respect and lack of dignity. There was a note that stated the home would respond to the council at the next meeting but there was no meetings held for July and August 2011 and the minutes for September and October 2011 did not include a response to the concern.
The October 28, 2011 minutes identified concerns about staff rushing residents through care and bathing, disappointment in the Thanksgiving dinner, and the taste and temperature of the tea, however the Administrator's written response did not address these concerns. The Recreation Manager confirmed there were not written responses for all concerns. The president of the Resident's Council stated the Administrator did communicate to him verbally about all concerns but he was unaware of any written responses being completed. s.57.(2)
2. A resident identified all actions taken by the home were not provided to Residents' Council when concerns were voiced by the Council. It was identified at the Resident's Council meetings participants complain but they are unaware what the home does after the concerns are voiced. The home doesn't follow up with members and communicate actions taken. s.57.(2)

WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following subsections:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(a) is a minimum of 21 days in duration;
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
(d) includes alternative beverage choices at meals and snacks;
(e) is approved by a registered dietitian who is a member of the staff of the home;
(f) is reviewed by the Residents' Council for the home; and
(g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

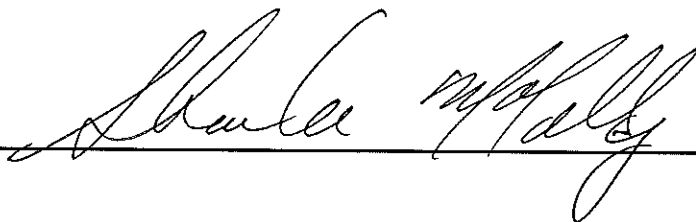
s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The menu cycle was not fully approved by the home's Registered Dietitian. The Home's policy related to menu approval identified the Registered Dietitian would use the "Tool for Menu Approval and Review" which included review of the snack rotation and nutrient analysis of the menus. The tool completed in 2011, identified that the snack rotation and nutrient analysis of the menus were not reviewed. Interview with the Registered Dietitian confirmed that these areas were not reviewed or approved.
The Registered Dietitian identified required changes to the menu, however these changes had not yet been implemented on the current menus. s.71.(1)(e)
2. Not all residents were offered the planned menu items at the lunch meal November 28, 2011.
a) The planned menu stated a # 6 scoop for minced Tortiere, however, residents requiring a minced texture meal were served a regular texture slice of Tortiere.
b) The portion size on the planned menu was not consistently followed by staff serving the meal. The planned portion of Tortiere was 1/6 of a pie, however, 1/4 was served; the planned portion for minced stir fry was #8, however, a #10 (smaller) scoop was served.
c) The planned menu identifies a smaller portion of dessert for the diabetic menus, however, residents receiving the diabetic menu did not consistently receive the smaller portions. Staff serving the desserts in the Edgemont dining room stated that all the desserts were the same with no difference for residents receiving a diabetic menu. The Food Services Manager confirmed the current system did not clearly identify which desserts were portioned for each diet type. s.71.(4)
3. Each resident was not offered a choice of planned menu items at each meal. The dining room on an identifed home area was observed during the lunch meal. Choice of the main entree was offered by one PSW who showed choice of entree food plates at each residents' table. The PSW did not offer choice of entree to four residents sitting at table one saying "these residents are all on puree". Pureed and minced texture were available. The PSW confirmed alternative choices are not offered to the residents on pureed diets because they don't give responses and staff or family make the choice for these residents. Only one identified resident's plan of care stated choice should not be offered at meals. s.71 (4)
4. The licensee did not ensure that each resident was offered a minimum of a snack in the afternoon at the snack pass on an identified date in 2011 in an identified home area.
Thirteen residents were not offered a food snack. The observed snack pass began at 2:32p.m, however, some residents including those requiring assistance and modified textured snack were not offered their snack by 4:00p.m. Staff stated that the residents requiring pureed texture snacks and thickened fluids would be assisted later. The evening meal was scheduled to be served at 5:30PM. s.71.(3)(c)

Issued on this 25th day of June, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs



Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	SHARLEE MCNALLY (141), LALEH NEWELL (147), MICHELLE WARRENER (107), YVONNE WALTON (169)
Inspection No. / No de l'inspection :	2011_070141_0041
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Nov 15, 16, 17, 18, 21, 22, 23, 25, 28, 30, Dec 1, 5, 7, 8, 9, 12, 13, 14, 16, 19, 23, 30, 2011; Jan 3, 4, 5, 6, 8, 9, 12, 13, 16, 17, 18, 19, Feb 8, 10, 14, 15, 16, 22, Mar 8, 14, 20, 23, 27, 29, Apr 26, 2012
Licensee / Titulaire de permis :	EXTENDICARE (CANADA) INC. 3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2
LTC Home / Foyer de SLD :	EXTENDICARE HAMILTON 90 CHEDMAC DRIVE, HAMILTON, ON, L9C-7S6
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~PATRICIA GREEN~~ Joan Blunt

To EXTENDICARE (CANADA) INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:
1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

Order / Ordre :

The licensee will prepare and submit a plan of corrective action to meet the requirement that all physical restraints are applied in accordance with any manufacturer's instructions. This plan shall include short and long term actions to educate staff on the manufacturer's guidelines in the application of restraints. The plan shall be implemented.
The licensee shall submit the plan electronically to Inspector Sharlee McNally, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch at Sharlee.McNally@ontario.ca by April 12, 2012

Grounds / Motifs :

1. The licensee did not ensure that front fastening seat belts used as physical restraints were applied consistently in accordance with manufacturer's instructions.
Four identified residents were observed wearing loose fitting seat belts while sitting in their wheelchairs on multiple days. One resident was observed to have slid down in their wheelchair while the seat belt was in place. The Director of Care confirmed the manufacturer informed the home that the appropriate distance between resident and the applied seat belt was "two finger" width and this was the instruction provided to staff of the home. The home was unable to provide manufacturer's instructions regarding the appropriate application of front fastening seat belts on residents. s.110.((141)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Apr ~~27~~ 12, 2012 (handwritten: 12, initialed)

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this ~~26th~~ 29th **day of** ~~April~~ March **, 2012**

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : SHARLEE MCNALLY

Service Area Office / Bureau régional de services : Hamilton Service Area Office

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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
1-800-461-7137

Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
1-800-461-7137

Télécopieur: 905-546-8255

Date(s) of inspection/Date de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
November 16, 17, 18, 21, 22, 23, 25, 28, 30 and December 1,5, 7, 8, 9, 12, 13, 14, 16, 19, 23, 2011	2011-070141-0041 H-002180-11	Resident Quality Inspection

Licensee/Titulaire de permis

Extendicare (Canada) Inc. 3000 Steeles Avenue East, Suite 700, Markham, ON, L3R 9W2

Long-Term Care Home/Foyer de soins de longue durée
Extendicare Hamilton, 90 Chemac Drive, Hamilton, ON L9C 7S6

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

Sharlee McNally (141), Laleh Newell (147), Michelle Warrener (107), Yvonne Walton (169)

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

(*Please delete empty rows. Ensure the signature box is on the same page as the last row of corrected requirement.*)

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O. Reg. 79/10, s.107(3)4	CO	2011-192-2858-Jan123433/H-02481	141

Issued on this 29th day of March, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs: