



**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

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> December 23, 2010	<b>Inspection No/ d'inspection</b> 2010_126_266523dec125229	<b>Type of Inspection/Genre d'inspection</b> Critical Incident Log# O-003021
<b>Licensee/Titulaire</b> New Orchard Lodge Limited [a subsidiary of Extendicare (Canada) Inc.], 3000 Steeles Avenue East, Suite 700 Markham, Ontario L3R 9W2 Fax 905-470-5588		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Extendicare Laurier Manor, 1715 Montreal Road, Gloucester, Ontario, K1N 5M2 Fax 613-741-8432		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Linda Harkins		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct an inspection related to the unexpected death of a resident.

During the course of the inspection, the inspector spoke with: (Acting Administrator, Director of Care) and Assistant Director of Care

During the course of the inspection, the inspector: Reviewed the resident health record.

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

Hospitalization and Death Inspection Protocol

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.

*Lynne Duchesne for L. Harkin*

Title:

Date:

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

*December 30<sup>th</sup> 2010*