



**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., 4th Floor
Ottawa ON K1S 3J4

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**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
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		Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection February 07, 2011	Inspection No/ d'inspection 2011_102_2883_07Feb080647	Type of Inspection/Genre d'inspection Critical Incident Report Log #O-000254	
Licensee/Titulaire Extendicare (Canada) Inc. 3000 Steeles Avenue East, Suite 700 Markham, Ontario L3R 9W2 Fax # 905 470 5588			
Long-Term Care Home/Foyer de soins de longue durée Extendicare Rouge Valley 551 Conlins Avenue Scarborough, Ontario M1B 5S1 Fax # 416 282 6766			
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a critical incident inspection related to resident entrapment in a bed rail.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Director of Care, one Assistant Director of Care, one Registered Practical Nurse, several residents on the 3rd floor of the home.</p> <p>During the course of the inspection, the inspector: observed several bed systems in use on the 3rd floor; observed a partial bed rail that had been involved in the resident entrapment; observed several residents' rooms; measured several bed rails; reviewed one resident's chart; reviewed flow sheets for one resident; reviewed an unlabelled binder that contained specifications for the beds and bed rails.</p> <p>The following Inspection Protocol was used during this inspection: Safe and Secure Home.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>			



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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). <i>February 11, 2011</i>	