



**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

Bureau régional de services d'Ottawa
347, rue Preston, 4^{iem} étage
Ottawa ON K1S 3J4

**Ministère de la Santé et des Soins de
longue durée**

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 8, 2010	Inspection No/ d'inspection 2010_134_2485_07Sep215604	Type of Inspection/Genre d'inspection Complaint - Log # O-000118
--	---	--

Licensee/Titulaire
Extendicare Northeastern Ontario Inc. [a subsidiary of Extendicare (Canada) Inc.]
3000 Steeles Avenue East, Suite 700, Markham, ON L3R 9W2
Fax: 1- 905-470-5588

Long-Term Care Home/Foyer de soins de longue durée
Extendicare Starwood. 114 Starwood Rd, Nepean, ON K2G 3N5 fax 613-224-9309

Name of Inspector(s)/Nom de l'inspecteur(s)
Colette Asselin, # 134

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the care and services provided to a resident.

During the course of the inspection, the inspector spoke with the resident, the charge nurse, the Director of Nursing and the Administrator.

During the course of the inspection, the inspector reviewed two residents' Health Records.

The following Inspection Protocols were used during this inspection:

- The Personal Support Services
- The Responsive Behavior

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:	<i>Colette Asselin</i>
Date:	Date of Report: September 30, 2010