



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévues 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

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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  Public Copy/Copie Public

<b>Date of inspection</b> November 19, 2010	<b>Inspection No/ d'inspection</b> 2010_147_2892_17Nov154934	<b>Type of Inspection/Genre d'inspection</b> Complaint – H-02131
<b>Licensee/Titulaire</b> Extendicare (Canada) Inc. 3000 Steeles Avenue East Suite 700 Markham, ON L3R 9W2		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Extendicare Halton Hills 9 Lindsay Court Georgetown, Ontario L7G 6G9		
<b>Name of Inspector</b> Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Complaint inspection related to a complaint letter received which included allegations of verbal abuse towards a resident by a Personal Support Worker.

During the course of the inspection, the inspector spoke with:

Director of Care, Assistant Director of Care, Administrator, and Staff


During the course of the inspection, the inspector:

Reviewed the home's Policy and Procedure related to Abuse and interviewed staff. Reviewed the Internal incident report, the internal investigation report, and the personnel file of staff who were involved in the incident.

The following Inspection Protocols were used during this inspection:

- Abuse and Neglect

There are no findings of Non-Compliance as a result of this inspection.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p> Nov 24/10.</p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p>