



**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

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

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ém</sup> étage  
Hamilton ON L8P 4Y7

**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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<b>Date(s) of inspection/Date de l'inspection</b> September 30, 2010	<b>Inspection No/ d'inspection</b> 2010_169_2858_30Sep115128	<b>Type of Inspection/Genre d'inspection</b> Complaint Log #H-00888
<b>Licensee/Titulaire</b>  Extendicare (Canada) 3000 Steels Avenue East, Suite 700 Markham ON L3R 9W2 Tel: 905 470 4000 FAX 905 470 5588		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>  Extendicare Hamilton 90 chedmac Drive Hamilton ON L9C 7S6 Tel: 905 318 4472 FAX 905 318 1162		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>  Yvonne Walton ID#169		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a complaint inspection related to supervision of residents during the supper meal service.

During the course of the inspection, the inspector went directly to the home area and spoke with the RN on duty, RPN on duty and 3 Personal Support Workers.

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

Inspector ID #:	169
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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.	
		Y. Walton	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		Oct 21/10	