



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

**Rapport d'inspection
prevue 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, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} 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
conformité

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Date(s) of inspection/Date de l'inspection January 18 and 19, 2011	Inspection No/ d'inspection 2011_192_2858_18Jan112929	Type of Inspection/Genre d'inspection Complaint H - 02743
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Licensee/Titulaire

Extencicare (Canada) Inc., 3000 Steeles Avenue East, Suite 700, Markham, ON, L3R 9W2

Long-Term Care Home/Foyer de soins de longue durée

Extencicare Hamilton, 90 Chedmac Drive, Hamilton, ON, L9C 7S6

Name of Inspector(s)/Nom de l'inspecteur(s)

Debora Saville Nursing Inspector #192

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: The Administrator and Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents.

During the course of the inspection, the inspector: Reviewed personal health information, policy and procedure.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation.

☒ 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. <i>Debora Saville</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>March 17, 2011</i>