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

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
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
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Ontario

February 24, 2011

Ms. Marzena Jankowski
Acting Administrator / DOC
Extendicare Laurier Manor
1715 Montreal road
Gloucester ON K1J 6N4

Dear Ms. Jankowski:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on February 17, 2011 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

Amanda Nixon
LTC Home Inspector – Dietary

c President, Resident's Council
President, Family Council

Ontario

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*

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 17, 2011	2011_148_2665_16Feb091733	Critical Incident Log O-000338

Licensee/Titulaire
New Orchard Lodge Limited [a subsidiary of 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 Laurier Manor, 1715 Montreal Road Gloucester Ontario K1J 6N4
Fax: 613-741-8432

Name of Inspector(s)/Nom de l'inspecteur(s)
Amanda Nixon (ID#148)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to the death of an identified resident.

During the course of the inspection, the inspector spoke with the Assistant Director of Care, Clinical Care Coordinator, Registered Nursing Staff and Personal Support Workers.

During the course of the inspection, the inspector reviewed the health care record of the identified resident including plan of care, physician orders and medication administration records. The inspector also reviewed the policies of the home related to the care of residents with diabetes mellitus.

The following Inspection Protocols were used during this inspection:
Hospitalization and Death

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

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

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.** Amanda Nix LTCH Inspector
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). February 22, 2011