



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

**Rapport d'inspection
prévus 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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8

**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

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685



Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Date of inspection/Date de l'inspection

November 2, 2010

Inspection No/ d'inspection

2010-137-2173-02Nov132335

Type of Inspection/Genre d'inspection

L-00984

Complaint

Licensee/Titulaire

Extendicare Toronto Inc., 3000 Steeles Avenue East, Suite 700, Markham, ON L3R 9W2

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

Extendicare London, 860 Waterloo Street, London, ON N6A 3W6

Name of Inspector/Nom de l'inspecteur

Marian C. Mac Donald - # 137

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection related to care provision.

During the course of the inspection, the inspector spoke with: DOC and Staff Educator.

During the course of the inspection, the inspector: reviewed resident records related to an identified resident and reviewed policies & procedures related to Enteral Feeding.

There were no Inspection Protocols used during this inspection.



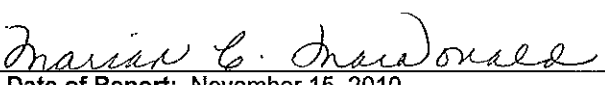
There are no findings of Non-Compliance as a result of this inspection.



**Ministry of Health and
Long-Term Care**
**Ministère de la Santé et
des Soins de longue durée**

**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***

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:	Date:	Date of Report: November 15, 2010	