



**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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 17, 2011	2011_115_2842_17Jan110943	Complaint L-01792 & L-00024

Licensee/Titulaire

Extendicare Canada Inc., 3000 Steeles Ave. East, Suite 700, Markham, ON., L3R 9W2

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

Extendicare Southwood Lakes, 1255 North Talbot Road, Windsor, ON., N9G 3A4

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

Terri Daly #115

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, 1 RN, 2 RPN's, 2 PSW's, 1 resident and 1 family member.

During the course of the inspection, the inspector: reviewed resident's clinical records including RAI-MDS records, reviewed call bell activity reports, observed staff interaction with residents and staff's response to call bells.

The following Inspection Protocols were used in part or in whole during this inspection:
Continence Care and Bowel Management
Personal Support Services and Safe and Secure Home

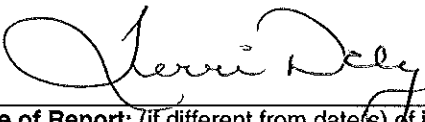
☒ There are no findings of Non-Compliance as a result of this inspection.



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Long-Term Care**
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des Soins de longue durée**

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Act, 2007***

**Rapport
d'inspection prévue
le *Loi de 2007 les
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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: (if different from date(s) of inspection). February 3, 2011