



**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, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

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

**Ministère de la Santé et des Soins de  
longue durée**

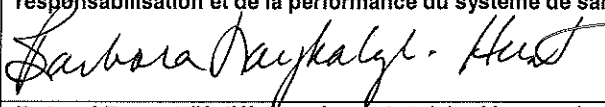
Division de la responsabilisation et de la performance du  
système de santé  
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Date(s) of inspection/Date de l'inspection</b><br>October 15 and 18, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Inspection No/ d'inspection</b><br>2010_192_2321_08Oct133658 | <b>Type of Inspection/Genre d'inspection</b><br>Critical Incident (H - 01355) |
| <b>Licensee/Titulaire</b><br>Extendicare Southwestern Ontario Inc.(a subsidiary of Extendicare (Canada) Inc.), 3000 Steeles Avenue East, Suite 700 Markham, ON, L3R 9W2                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                               |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Extendicare St. Catharines, 283 Pelham Road, St. Catharines, ON, L2S 1X7                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                               |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Barbara Naykalyk-Hunt # 146, Debora Saville # 192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                               |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                               |
| <p>The purpose of this inspection was to conduct a Critical Incident inspection.</p> <p>During the course of the inspection, the inspectors spoke with: The Administrator, and Director of Care</p> <p>During the course of the inspection, the inspectors: Reviewed the health care record, reviewed the incident investigation, observed the medication storage area.</p> <p>The following Inspection Protocols were used during this inspection:<br/>Medication Inspection Protocol</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> |                                                                 |                                                                               |

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|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Signature of Licensee of Designated Representative</b><br><b>Signature du Titulaire du représentant désigné</b> | <b>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.</b><br> |
| <b>Title:</b>                                                                                                      | <b>Date:</b>                                                                                                                                                                                                                                                                                            |
| <b>Date of Report (if different from date(s) of inspection).</b>                                                   |                                                                                                                                                                                                                                                                                                         |