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*


**Ministry of Health and Long-Term Care**
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**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** | **Inspection No/ d'inspection** | **Type of Inspection/Genre d'inspection** |
|---|---|---|
| August 25, 2010 | 2010-120-1023-25Aug092109 | Complaint – H00777 |

**Licensee/Titulaire**

Brantwood Manor Nursing Homes Limited, c/o Ernst and Young Inc. - 222 Bay Street, TD Centre, P.O. Box 251, Toronto, ON, M5K 1J7

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

Brantwood Lifecare, 802 Hagar Ave., Burlington, ON L7S 1X2

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

Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

## Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to housekeeping and maintenance services and availability of furnishings.

During the course of the inspection, the inspector spoke with the Environmental Services Supervisor, maintenance staff, nursing staff and the Director of Care.

During the course of the inspection, the inspector completed a walk through of the entire first, second and third floor east wing which includes dining areas, lounge areas, bathing areas and resident rooms.

The following Inspection Protocols were used during this inspection:

Accommodation Services – Housekeeping
Accommodation Services – Maintenance
Safe and Secure Home

☒ 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.** B. Susnik |
|---|---|
| **Title:** **Date:** | **Date of Report:** (if different from date(s) of inspection). Nov. 12/10 |