



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

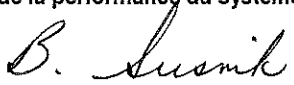
Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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☐ Licensee Copy/Copie du Titulaire		☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection August 25, 2010	Inspection No/ d'inspection 2010-120-1023-25Aug092109	Type of Inspection/Genre d'inspection 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. 
Title:	Date:	Date of Report: (if different from date(s) of inspection). Nov. 12/10