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

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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

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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	H-01153 Follow-up to April14 & 15, 2010

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 visit was to conduct a follow-up inspection to previously issued non-compliance related to the following:

Criterion O2.1 (maintenance services)
Criterion O1.19 (hot water temperature monitoring).

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 reviewed documents and maintenance logs, took water temperatures and conducted a walk through of the first, second and third floor east wings, which includes dining areas, lounge areas, bathing areas and resident rooms.

The following Inspection Protocols were used during this inspection:

Accommodation Services – Maintenance
Safe and Secure Home

☒ No findings of Non-Compliance were found during this inspection.

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 2.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	**TYPE OF ACTION/ORDER**	**ACTION/ ORDER #**	**INSPECTION REPORT #**	**INSPECTOR ID #**
MOHLTC Program Standards Manual or LTCHA 2007, c.8	Unmet Criterion O2.1 or s.15(2)(c)		Log #338-2010	127
MOHLTC Program Standards Manual or O. Reg. 79/10	Unmet Criterion O1.19 or s. 90(1)(h)		Log #338-2010	127

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. Swanik
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Oct. 25/10