



**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

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

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119, rue King Ouest, 11^{ème} étage
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**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 September 16, 2010	Inspection No/ d'inspection 2010_169_2887_16Sept061845	Type of Inspection/Genre d'inspection Other Critical Incident H-00261
Licensee/Titulaire Leisureworld 2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Center Blvd. Suite #200 Toronto ON L3ROE8 Fax: 905 415 7623		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Center-Brampton Woods 9257 Goreway Drive, Brampton ON L6P 0N4 Fax: 905 799 0881		
Name of Inspector(s)/Nom de l'inspecteur(s) Yvonne Walton ID#169		
Inspection Summary/Sommaire d'inspection		

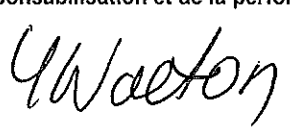
The purpose of this inspection was to conduct a critical incident inspection related to alleged abuse/neglect.

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, nursing staff and resident.

During the course of the inspection, the inspector conducted a clinical review, observed the resident, interviewed the staff.

The following Inspection Protocols were used during this inspection: Responsive behaviours

☒ 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). 