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, 11lém étage
Hamilton ON L8P 4Y7

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

☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
September 16, 2010	2010_169_2887_16Sept061845	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.** YWaeton
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Oct 5/10