



**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
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**Ministère de la Santé et des Soins de
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Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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
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