



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévues 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
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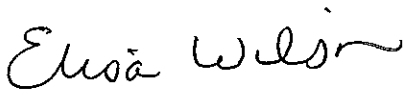
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
December 8, 2010	2010_171_2911_08Dec083931	Complaint – H-02703
Licensee/Titulaire		
2063414 Ontario Limited as General Partner of 2063414 Investment LP, 302 Town Centre Blvd., Suite 200, Toronto, ON, L3R 0E8 FAX: 905-415-7623		
Long-Term Care Home/Foyer de soins de longue durée		
Leisureworld Caregiving Centre - Brampton Meadows, 215 Sunny Meadow Boulevard, Brampton, ON, L6R 3B5		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Elisa Wilson, LTC Homes Inspector, Dietary (#171)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection regarding nutrition care and call bell response time. During the course of the inspection, the inspector spoke with: the administrator, foodservices manager, registered staff, RAI Coordinator, personal support workers, and resident. The inspector observed lunch meal service on December 8, 2010. The call bell policy was requested and reviewed along with the call bell activity report. An identified resident's plan of care was reviewed. The following Inspection Protocols were used during this inspection: Nutrition and Hydration ☒ There are no findings of Non-Compliance as a result of this inspection.		



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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). 