



**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  
longue durée**

Division de la responsabilisation et de la performance du  
système de santé  
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<b>Date(s) of inspection/Date de l'inspection</b> September 16, 2010	<b>Inspection No/ d'inspection</b> 2010_169_2887_16Sept061845	<b>Type of Inspection/Genre d'inspection</b> Other Critical Incident H-00261
<b>Licensee/Titulaire</b>  Leisureworld 2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Center Blvd. Suite #200 Toronto ON L3ROE8 Fax: 905 415 7623		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>  Leisureworld Caregiving Center-Brampton Woods 9257 Goreway Drive, Brampton ON L6P 0N4 Fax: 905 799 0881		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>  Yvonne Walton ID#169		
<b>Inspection Summary/Sommaire d'inspection</b>		



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.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>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.</p> <p><i>Y. Watson</i></p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection). <i>Oct 5/10</i></p>