



**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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Hamilton ON L8P 4Y7

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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

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
September 16, 2010	2010_169_2887_16Sep061912	Complaint Log #H-00336
<b>Licensee/Titulaire</b>		
Leisureworld 2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Centre Blvd. Suite #200 Toronto ON L3R OE8 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>		
<p>The purpose of this inspection was to conduct a complaint inspection regarding a bruise received during care.</p> <p>During the course of the inspection, the inspector spoke with: The administrator, director of care and charge nurse, Personal Support Worker's (PSW) and resident.</p> <p>During the course of the inspection, the inspector: interviewed the resident and staff, observed the clean utility room and resident room.</p> <p>The following Inspection Protocols were used during this inspection: Personal Support Services.</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN</p>		

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA O.Reg. 79/10 s.36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

**Findings:**

1. An identified resident sustained an injury during care, due to an improper transfer by staff.

**Inspector ID #:** 169

**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.**

*Y. Waeton*

**Title:** **Date:**

**Date of Report:** (if different from date(s) of inspection).

*Oct 5/10*



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