



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

**Rapport d'inspection
prévus 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

Direction de l'amélioration de la performance et de la
conformité

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 8, 2011	2011_147_2570_10Feb094417	Critical Incident – H-01618
Licensee/Titulaire 2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Centre Blvd. Suite #200 Markham, ON L3R 0E8 Fax: 905-415-7623		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Brantford 389 West Street Brantford, Ontario N3R 3V9 Fax: 519-759-0200		
Name of Inspector Laleh Newell - #147		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Critical Incident inspection related to a resident to resident aggression that resulted in injury.

During the course of the inspection, the inspector spoke with:

Director of Care, Administrator, staff and resident.

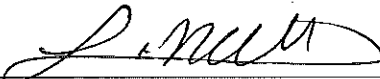
During the course of the inspection, the inspector:

Reviewed resident's clinical chart, reviewed licensee's Abuse and Neglect Policy and internal investigation and incident report.

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.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		Apr 15/11	