



**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
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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
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
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Date(s) of inspection/Date de l'inspection September 22 and 23, 2010	Inspection No/ d'inspection 2010_147_2953_21Sep155055	Type of Inspection/Genre d'inspection Critical Incident – H-01241
Licensee/Titulaire 1245556 Ontario Inc. 200 Ronson Drive Suite 305 Toronto, ON M9W 5Z9		
Long-Term Care Home/Foyer de soins de longue durée Burton Manor 5 Sterrit Drive Brampton, ON L6Y 5P3		
Name of Inspector(s)/Nom de l'inspecteur(s) Laleh Newell - #147		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Critical Incident inspection related to an unexpected death.

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

- Administrator, Director of Care, Social Worker, Registered staff on the unit and the RAI coordinator

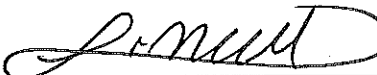
During the course of the inspection, the inspector:

- Reviewed resident's clinical chart, reviewed policy and procedure related to Falls, observed care, toured the home, observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

- Fall Prevention Inspection Protocol

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> Nov 2/12</p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection): _____</p>