



**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
Direction de l'amélioration de la performance et de la
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection September 22 and 23, 2010	Inspection No/ d'inspection 2010_147_2953_21Sep155030	Type of Inspection/Genre d'inspection Complaint – H-00627
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/Nom de l'inspecteur Laleh Newell - #147		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Complaint inspection related to sleep disturbance by another resident

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

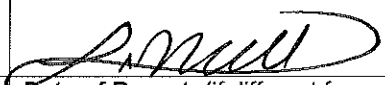
During the course of the inspection, the inspector:

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

The following Inspection Protocols were used during this inspection:

- Pain Inspection Protocol
- Personal Support Services Inspection Protocol
- Dignity, Choice and Privacy Inspection Protocol

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: _____		 Nov 2/10 Date of Report: (if different from date(s) of inspection).	