



**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

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Hamilton ON L8P 4Y7

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119, rue King Ouest, 11<sup>ème</sup> étage  
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**Ministère de la Santé et des Soins de  
longue durée**

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| <b>Date(s) of inspection/Date de l'inspection</b><br>January 12, 2011                                                                                                                                                                                                                                                                                                                                                                                              | <b>Inspection No/ d'inspection</b><br>2011_192_2720_12Jan112153 | <b>Type of Inspection/Genre d'inspection</b><br>Compliant Inspection<br>H-02208 |
| <b>Licensee/Titulaire</b><br>Diversicare Canada Management Services Co. Inc., 2121 Argentia Road, Suite 301, Mississauga, Ontario, L5N 2X4                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                 |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Hardy Terrace, 612 Mount Pleasant Road, RR#2, Brantford, Ontario, N3T 5L5                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                                 |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Debora Saville Inspector #192                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                 |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                 |
| The purpose of this inspection was to conduct complaint inspection.<br><br>During the course of the inspection, the inspector spoke with: Assistant Director of Care, Registered Nurses, Registered Practical Nurses, and Personal Support Workers.<br><br>During the course of the inspection, the inspector: Reviewed medical records and complaint investigation reports.<br><br><b>There are no findings of Non-Compliance as a result of this inspection.</b> |                                                                 |                                                                                 |

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| <b>Signature of Licensee or Representative of Licensee</b><br><b>Signature du Titulaire du représentant désigné</b> | <b>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.</b><br><br><i>Debora Saville</i> |
| <b>Title:</b><br><br><b>Date:</b>                                                                                   | <b>Date of Report: (if different from date(s) of inspection).</b><br><br><i>March 8, 2011</i>                                                                                                                                                |