



**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
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} 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(s) of inspection/Date de l'inspection August 26 and 27, 2010	Inspection No/ d'inspection 2010_147_2911_26Aug105828	Type of Inspection/Genre d'inspection Critical Incident – H-00558	
Licensee/Titulaire 2063415 Ontario Limited as General Partner of 2063415 Investment LP 302 Town Centre Blvd. Suite #200 Markham, ON L3R 0E8			
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Brampton Meadows 215 Sunny Meadows Blvd Brampton, ON L6R 3B5			
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.

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

- Director of Care, Administrator, RPN and both residents involved.

During the course of the inspection, the inspector:

- Reviewed both resident's clinical charts, reviewed licensee's Abuse and Neglect Policy and internal investigation and incident report.
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The following Inspection Protocols were used during this inspection:

- Responsive Behaviors

☒ 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).	
		Nov 2/10	