



**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^{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_26Aug_105845	Type of Inspection/Genre d'inspection Complaint – H-00486 and H-00464
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/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 a resident to resident incident

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

- Director of Care, Administrator, RPN and resident.

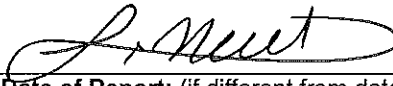
During the course of the inspection, the inspector:

- Reviewed clinical charts for all residents involved, reviewed licensee's Abuse and Neglect Policy and Internal investigation and incident report.

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.	