



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prevue 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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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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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
March 8, 2011	2011-120-2570-08Mar125648	H-00521 Follow-up to January 14, 2011
<b>Licensee/Titulaire</b>		
2063414 Ontario Limited as General Partner of 2063414 Investment LP, 302 Town Centre Blvd., Suite 200, Toronto, ON L3R 0E8		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Leisureworld Brantford, 389 West Street, Brantford, ON N3R 3V9		
<b>Name of LTC Homes Inspector(s)/Nom de l'inspecteur(s) de les foyers de soins de longue duree</b>		
Bernadette Susnik, Environmental Health #120		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection is to conduct a follow-up to two Compliance Orders that were issued on January 14, 2011 relating to the following:

- *O. Reg. 79/10, s. 9.1.i & iii, A. & B.. (Door security systems)*
- *O. Reg. 79/10, s.104(1)4.ii. (Follow-up action following a critical incident)*

During the course of the inspection, the above noted inspector spoke with the Environmental Services Supervisor. During the course of the inspection, the inspector reviewed all perimeter door access control systems and reviewed related documentation.

The following Inspection Protocol was used during this inspection:

- *Safe and Secure Home*

**No findings of Non-Compliance were found during this inspection.**

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 2. The following Written Notification remains outstanding;

- *O. Reg. 79/10, s. 17(1)(f) & (g) (Resident-Staff Communication and Response System)*



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s. 9.1.i & iii, A. & B.	CO	001	2011-120-2570-14Jan112252 H-03116	120
O. Reg. 79/10, s.104(1)4.ii.	CO	002	2011-120-2570-14Jan112252 H-03116	120

Signature of Licensee of Designated Representative 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). March 11/11	