



**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  
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Hamilton ON L8P 4Y7

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119, rue King Ouest, 11<sup>ém</sup> étage  
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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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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Oct 5,6,7,8,14,15,2010	2010-173-2900-02Oct140923	Complaint Inspection
<b>Licensee/Titulaire</b> Regency LTC Operating Limited Partnership On. 100 Milverton Drive, Suite 700, Mississauga, Ont., L5R 4H1		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> The Brant Centre 1182 Northshore Blvd, Burlington, Ont. L7S 1C5		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Lesa Wulff – LTC Inspector - #173		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection related to resident's not shaved, fingernails not clean and cut, snack cart not being served to residents.</p> <p>During the course of the inspection, the inspector spoke with: Residents, Personal Support Workers, Registered staff.</p> <p>During the course of the inspection, the inspector</p> <p>The following Inspection Protocols were used during this inspection: Personal Support Services Inspection Protocol</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		



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).	
		