

Ministry of Health
and Long-Term Care

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
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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 conformité
Bureau régional de services de Toronto

55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

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MAR 24 2011

Ms. Lora Palmer
Administrator
Leisureworld Caregiving Centre
- Etobicoke
70 Humberline Drive
Etobicoke ON M9W 7H3

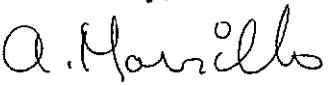
Dear Ms. Palmer:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted **January 25, 26, 2011** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,


for Nicole Ranger
LTC Homes Inspector

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection
January 25 and January 26, 2011

Inspection No/ d'inspection
2011_189_2837_25Jan104853

Type of Inspection/Genre
d'inspection
Complaint T 1976

Licensee/Titulaire
2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd., Suite #200,
Toronto, ON, L3R 0E8

Long-Term Care Home/Foyer de soins de longue durée
Leisureworld Caregiving Centre - Etobicoke,
70 Humberline Drive,
Etobicoke ON M9W 7H3

Name of Inspector(s)/Nom de l'inspecteur(s)
Nicole Ranger (189)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Staff, Personal Support Workers

During the course of the inspection, the inspector :

Conducted a walk through of resident home area and common areas
Reviewed health care records
Reviewed the home's Abuse Prevention Program

The following Inspection Protocols were used in part or in whole during this inspection:

Skin and Wound Inspection Protocol
Personal Support Services Inspection Protocol
Falls Prevention Inspection Protocol

☒ There are no findings of Non-Compliance as a result of this inspection.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

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).

Nicole Lang
 March 9th / 2011