

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée



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

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

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Toronto ON M4V 2Y7

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OCT 27 2010

Ms. Anne Deelstra McNamara
~~Leisureworld Caregiving Centre - Norfinch~~

22 Norfinch Drive
North York, ON M3N 1X1

Dear Ms. McNamara:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **August 30, 2010** 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,

A handwritten signature in dark ink, appearing to read "A. Williams".

for Amanda Williams, BSc., BASc., CPHI(C)
LTC Homes Inspector

SEARCHED INDEXED
SERIALIZED FILED
OCT 27 2010
TORONTO, ON M4V 2Y7



**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
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Ottawa ON K1S 3J4

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☐ Licensee Copy/Copie du Titulaire

☒ Public Copy/Copie Public

Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 30, 2010	2010_101_2918_30Au g105740	Complaint (T 0621)
Licensee/Titulaire		
2063414 Ontario Limited as General Partner of 2063414 Investment LP		
Long-Term Care Home/Foyer de soins de longue durée		
Leisureworld Caregiving Centre- Norfinch 22 Norfinch Drive, North York, ON M3N 1X1		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Amanda Williams		
Inspection Summary/Sommaire d'inspection		



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

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

During the course of the inspection, the inspector spoke with the Administrator, Director of Care, Environmental Manager, residents and the frontline nursing staff.

During the course of the inspection, the inspector took water temperature readings and completed record reviews.

The following Inspection Protocols were used during this inspection:

Accommodation- Maintenance
Dignity, Choice and Privacy

☒ 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/Ordre de conformité
WAO – Work and Activity Order/Ordre: 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'exigences 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

Title:

DIRECTOR OF
ADMINISTRATION

Date:

Aug 31/10

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.

Date of Report (if different from date(s) of inspection).

August 31, 2010