

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

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

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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
Bureau régional de services de Toronto

55, avenue St. Clair Ouest, 8^{ième} étage
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OCT 27 2010

Ms. Pauline Douglas
Administrator

Leisureworld Caregiving Centre - O'Connor Gate

1800 O'Connor Drive

East York, ON M4A 1W7

Dear Ms. Douglas:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted **October 5, 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,

J. Marsillo

for Susan Squires
LTC Homes Inspector

J. Marsillo

for Cathy Palmer
LTC Homes Inspector



**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***

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection October 5, 2010	Inspection No/ d'inspection 2010_152_2836_05Oct105116	Type of Inspection/Genre d'inspection Complaint # TO105
Licensee/Titulaire 2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Centre Blvd., Toronto, Ontario Suite #200. L3R 0E8		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre – O'Connor Gate 1800 O'Connor Drive East York, ON M4A 1W7		
Name of Inspector(s)/Nom de l'inspecteur(s) Susan Squires (#109) and Cathy Palmer (#152)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection.		
During the course of the inspection, the inspector(s) spoke with: - Administrator, Resident,		
During the course of the inspection, the inspector(s): - Reviewed resident's trust account and health record		
The following Inspection Protocols were used in part or in whole during this inspection: - Trust Accounts 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.

Inspector ID #: #109 and #152

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).

October 15, 2010.