



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**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

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

	Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 16, 2010	2010_102_956_16Sep094818	Complaint Log # O-001118
Licensee/Titulaire Vigour Limited Partnership on behalf of Vigour General Partner Inc. 302 Town Centre Blvd., Suite #200 Markham, Ontario L3R 0E8 Fax # 905 415 7623		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre- Altamont 92 Island Road, Scarborough, Ontario M1C 2P5 Fax # 416 284 3634		
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to housekeeping within the Long Term Care home.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator; The Director of care; several registered and non registered nursing staff; 2 housekeepers; 3 visitors; and several residents.</p> <p>During the course of the inspection, the inspector: examined the majority of residents' rooms and common areas for cleanliness, odours and general building condition; discussed housekeeping procedures in resident areas.</p> <p>The following Inspection Protocols were used during this inspection: Accommodation Services-Housekeeping Inspection Protocol.</p> <p>There are no findings of Non-Compliance as a result of this inspection.</p>		

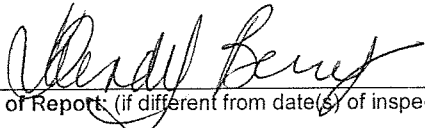


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		October 14, 2010	