



**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
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} 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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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection October 27 and 29, 2010	Inspection No/ d'inspection 2010_147_2472_29Oct141203	Type of Inspection/Genre d'inspection Critical Incident – H-01020 and H-01667
Licensee/Titulaire Vigour Limited Partnership on behalf of Vigour General Partner Inc. 302 Town Centre Blvd. Suite #200 Markham, ON L3R 0E8		
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Mississauga 2250 Hurontario Street Mississauga, ON L5B 1M8		
Name of Inspector Laleh Newell - 147		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct a Critical Incident inspection related to resident to resident aggression.

During the course of the inspection, the inspector spoke with:

Director of Care, Administrator, staff on the unit and observed the residents.

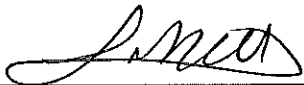
During the course of the inspection, the inspector:

Reviewed resident's clinical chart, reviewed licensee's Abuse and Neglect Policy and internal investigation and incident report.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse and Neglect
Responsive Behaviour

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</p>	<p>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.</p> <p> Nov 24/10.</p>
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p>