



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

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119, rue King Ouest, 11<sup>ém</sup> 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

<b>Date(s) of inspection/Date de l'inspection</b> October 27 and 29, 2010	<b>Inspection No/ d'inspection</b> 2010_147_2472_29Oct135320	<b>Type of Inspection/Genre d'inspection</b> Complaint – H-01448
<b>Licensee/Titulaire</b> Vigour Limited Partnership on behalf of Vigour General Partner Inc. 302 Town Centre Blvd. Suite #200 Markham, ON L3R 0E8		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Leisureworld Mississauga 2250 Hurontario Street Mississauga, ON L5B 1M8		
<b>Name of Inspector</b> Laleh Newell - 147		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Complaint Incident inspection related to improper care by the home's staff.

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

Director of Care, Administrator, staff on the unit and the resident.

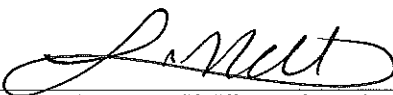
During the course of the inspection, the inspector:

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

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

[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:	 Nov 24/10. Date of Report: (if different from date(s) of inspection).