



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

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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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	July 21, 2010	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Licensee/Titulaire Vigour Limited Partnership on behalf of Vigour General Partner Inc. Canadian Pacific Tower TD Centre 100 Wellington Street West, Suite 2200 Toronto ON, M5K 1J3			
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre – Streetsville 1742 Bristol Road West, Mississauga, ON, L5M 1X9			
Name of Inspector(s)/Nom de l'inspecteur(s) Tammy Szymanowski LTC Homes Inspector, Inspection ID #165			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a critical incident.			
During the course of the inspection, the inspector spoke with: The Administrator and the Director of Care.			
During the course of the inspection, the inspector: Reviewed five nursing staff written statements and interviews of the critical incident; reviewed the resident's clinical record and observed the location where the incident occurred.			
The following Inspection Protocols were used during this inspection: Hospitalization and Death Inspection Protocol.			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			

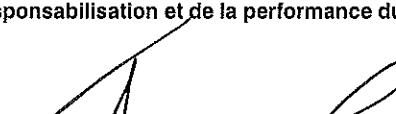


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<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> 
<p>Title:</p>	<p>Date:</p>
	<p>Date of Report: August 23, 2010</p>