



**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
conformité

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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 | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection | | |
| March 16, 2011 | 2011_104_2906_16Mar110630 | Critical Incident: O-000289 | | |
| Licensee/Titulaire 2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Centre Blvd., Suite 200 Toronto, ON, L3R 0E8 Fax: 905-415-7623 | | | | |
| Long-Term Care Home/Foyer de soins de longue durée Leisureworld Caregiving Centre – Ellesmere 1000 Ellesmere Road Scarborough, ON, M1P 5G2 Fax: 416-291-4476 | | | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) Judy Macaulay, #104 | | | | |
| Inspection Summary/Sommaire d'inspection | | | | |
| The purpose of this inspection was to conduct an inspection of a critical incident which resulted in an injury to an identified resident. | | | | |
| During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, several registered nursing and PSW staff, and the resident. | | | | |
| During the course of the inspection, the inspector reviewed the identified resident's record, the home's fall prevention program, and observed the resident's room and equipment. | | | | |
| The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention. | | | | |
| <input checked="" type="checkbox"/> 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:

Date of Report:

Judy Macaulay, LTC Inspector
March 25, 2011