



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

Toronto Service Area Office  
5700 Yonge Street, 5th Floor  
TORONTO, ON, M2M-4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge, 5e étage  
TORONTO, ON, M2M-4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 3, 2013	2013_158101_0014	T-1891-12	Complaint

**Licensee/Titulaire de permis**

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP  
302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8

**Long-Term Care Home/Foyer de soins de longue durée**

LEISUREWORLD CAREGIVING CENTRE - O'CONNOR GATE  
1800 O'Connor Drive, East York, ON, M4A-1W7

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

AMANDA WILLIAMS (101)

**Inspection Summary/Résumé de l'inspection**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

---

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 28, 2013**

**This complaint inspection was conducted as the result of Infoline complaint # IL-25190- TO related to the maintenance of surfaces and infection control practices in the home.**

**During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, Assistant Director of Care, Environmental Services Manager, Personal Support Workers and Registered Nursing Staff.**

**During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and observed infection control practices when applicable.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Accommodation Services - Maintenance**

**Findings of Non-Compliance were found during this inspection.**

---

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

---

**Legend**

**WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order**

**Legendé**

**WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités**



Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**



- 
1. The following areas of the home are not maintained in a good state of repair:
- a) Six resident rooms in unit 3A wall surfaces have holes and/or are damaged down to the metal studs.
    - Rooms 305; 307; 310; 311; 313; just outside room 312
  - b) There are damaged wall surfaces where the old name/room plates have been removed in unit 3A
  - c) Three resident rooms in unit 2A walls are damaged down to the metal studs.
    - Rooms 211; 213; 216
  - d) Two resident rooms in unit 1A walls are damaged down to the metal studs.
    - Rooms 109; 114
  - e) The corridor of the communal bathing areas in units 3A and 2A have drywall missing just below the baseboard line. As a result, the baseboard buckles into the wall and the damaged wall allows for potential rodent/vermin entry and activity within the home.
  - f) A nightstand surface has been chipped with rough edges present in room 307 Bed 2.
  - g) A wall has been damaged down to the metal studs outside room 335 in unit 3B. [s. 15. (2) (c)]
- 

**Issued on this 3rd day of April, 2013**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

A handwritten signature in black ink, appearing to read "J. D. [unclear]". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.