



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

Papport d'inspection
prevue 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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Licensee Copy/Copie du Titulaire

Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'insptction
July 16, 2010	2010_104_2789_16Jul084955	Critical Incident: Line 255

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 – Scarborough
130 Midland Avenue, Scarborough, ON, M1N 4B2
416-264-3704

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 a Critical Incident inspection related to 2789-000048-10 report of alleged staff to resident abuse.

During the course of the inspection, the inspector spoke with the Administrator and co- Directors of Care, three PSW staff and the identified resident.

During the course of the inspection, the inspector reviewed this resident's records and the Home's abuse policy.

The following Inspection Protocol was used during this inspection:
Prevention of Abuse

- There are no findings of Non-Compliance as a result of this inspection.
 Findings of Non-Compliance were found during this inspection.

Signature of Licensee or Designated Representative
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 (if different from date(s) of inspection).

Macaulay
Sept 30/10