



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

**Rapport 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  
conformité

Ottawa Service Area Office  
347 Preston St., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

Telephone: 613-569-5602  
Facsimile: 613-569-9670

Bureau régional de services de Ottawa  
347, rue Preston, 4ièm étage  
Ottawa ON K1S 3J4

Téléphone: 613-569-5602  
Télécopieur: 613-569-9670

<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 16, 2010	Inspection No/ d'inspection 2010_104_2789_16Jul084936
Type of Inspection/Genre d'inspection Critical Incident: Line 156	
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 Fax: 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 2789-000046-10 report of alleged staff to resident abuse.

During the course of the inspection, the inspector spoke with the Administrator and co-Directors of Care, two registered nursing staff and three PSW staff.

During the course of the inspection, the inspector reviewed the identified 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.

Date of Report (if different from date(s) of inspection).

Sept 30/10