



**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., 4th Floor
Ottawa ON K1S 3J4

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

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

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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection July 16, 2010	Inspection No/ d'inspection 2010_104_2789_16Jul084908	Type of Inspection/Genre d'inspection Critical Incident : Line 93
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 2789-000045-10 and the loss of a resident's personal belongings.

During the course of the inspection, the inspector spoke with the Administrator and co- Directors of Care.

During the course of the inspection, the inspector reviewed the identified resident's records, the Home's lost and found process 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).

J. Macaulay
Sept. 30/10