



**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

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

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

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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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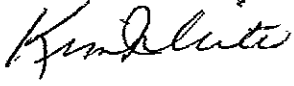
| | | |
|---|------------------------------------|--|
| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
| November 15, 2010 | 2010_191_2628_15Nov093222 | Critical Incident L-01679 |
| Licensee/Titulaire | | |
| Vigour Limited Partnership, (On behalf of Vigour General Partner Inc.) 302 Town Centre Blvd. Suite #200, Markham ON L3R 0E8 | | |
| Long-Term Care Home/Foyer de soins de longue durée | | |
| Leisureworld Caregiving Centres – Oxford, 263 Wonham Street South, Ingersoll ON N5C 3P6 | | |
| Name of Inspector(s)/Nom de l'Inspecteur(s) | | |
| Kim White #191 | | |
| Inspection Summary/Sommaire d'inspection | | |
| <p>The purpose of this inspection was to conduct a critical incident review related to medication administration and documentation.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Registered Nurse and Registered Practical Nurse.</p> <p>During the course of the inspection, the inspector: reviewed internal investigation activities, reviewed medication administration protocols with registered staff, including administration, documentation and count of controlled substances, and reviewed medication administration policy and procedures of LTCH.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Medication.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p> | | |



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| | | |
|---|--|---|
| 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: (if different from date(s) of inspection). November 16, 2010 |