



**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

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<b>Inspection Report under the LTC Homes Act, 2007</b> <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		<b>Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée</b> <input type="checkbox"/> Copie du Titulaire <input type="checkbox"/> Copie de la Publique	
<b>Date(s) of inspection/Date de l'inspection</b> July 28, 2010		<b>Inspection No/ d'inspection</b> 2010_121_2628_28Jul154834	<b>Type of Inspection/Genre d'inspection</b> Complaint L-00004
<b>Licensee/Titulaire</b> Vigour Limited Partnership on behalf of Vigour General Partner Inc. 302 Town Centre Blvd, Suite #200, Markham, ON L3R 0E8			
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Leisureworld Caregiving Centres – Oxford 263 Wonham St. S., Ingersoll, ON N5C 3P6			
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Elizabeth Elvidge (#121)			
<b>Inspection Summary/Sommaire d'inspection</b>			
<p>The purpose of this inspection was to conduct a/an complaint inspection</p> <p>The inspection was conducted by one inspector(s) identified above.</p> <p>The inspection occurred on July 28, 2010 with one inspector(s) being present on 1 day(s).</p> <p>During the course of the inspection, the inspector(s) spoke with: The Administrator and the resident.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Personal Support Services</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN 1 VPC 0 Co: CO#</p>			

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

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
 VPC – Plan of correction/Plan de redressement  
 DR – Director Referral/Régisseur envoyé  
 CO – Compliance Order/Ordres de conformité  
 WAO – Work and Activity Order/Ordres: travaux et activités

**WN#1: The Licensee has failed to comply with: O. Regs. 79/10 s.33(1)**

1. Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

**Findings:**

Resident requests to have only 1 bath per week. According to the documentation the first bath in July/10 was on July 18/10, therefore not getting the preference of 1 bath per week.

**Further Inspector Actions:**

**VPC – pursuant to O. Regs. 79/10 s.33(1) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to be implemented voluntarily.**

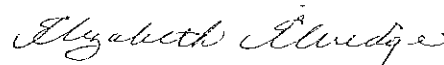
Inspector ID#: 121

Required Compliance Date for WN: Immediate

Required Compliance Date for VPC: August 28, 2010

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).

August 12, 2010