

**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**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***Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7Telephone: 905-546-8294
Facsimile: 905-546-8255Bureau régional de services de Hamilton
119, rue King Quest, 11^{ème} étage
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		<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
21 January 2011	2011_127_963_21Jan091325	Complaint # H-00016
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 Centre - Tullamore, 133 Kennedy Road South, Brampton ON L6W 3G3		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection regarding laundry services.		
During the course of the inspection, the inspector spoke with the administrator, director of care and environmental manager.		
During the course of the inspection, the inspector inspected the laundry facilities and reviewed laundry-related policies, procedures and documentation.		
The following Inspection Protocols were used during this inspection:		
<ul style="list-style-type: none">• Accommodation Services - Laundry		
<input checked="" type="checkbox"/> No Findings of Non-Compliance were found during this inspection.		

Signature of Licensee or Representative of Licensee Signature du Titulaire ou 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). 02 February 2011	