



**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

Hamilton Service Area Office
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Hamilton ON L8P 4Y7

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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
March 2, 2011	2011_159_963_02Mar074931	H-000304 Complaint
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 Care giving Centre-Tullamore 133 Kennedy Road South Brampton, ON L6W 3G3		
Name of Inspector/Nom de l'inspecteur(s) Asha Sehgal		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Food Service Manager, Activity Director, Nursing staff, and Residents.</p> <p>During the course of the inspection, the inspector observed breakfast meal, reviewed residents' health record (activation programs documentation).</p> <p>The following Inspection Protocols were used in part or in whole during this inspection:</p> <p>Dining Observations Infection Prevention and Control</p> <p>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. <i>DSL Selgel</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>April 29, 2011</i>