



**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

**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 d'Ottawa
347, rue Preston, 4th étage
Ottawa ON K1S 3J4

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

<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection October 13 and 14, 2010	Inspection No/ d'inspection 2010_136_956_12OCT61431
Type of Inspection/Genre d'inspection Complaint log O-001118	
Licensee/Titulaire Vigour Limited Partnership on behalf of Vigour General Partnership Inc., Town Centre Blvd., Suite 200, Markham, ON, L3R 0E8 Phone 905-477-4006 fax 905-415-7623	
Long-Term Care Home/Foyer de soins de longue durée Leisureworld Care Centre Altamont, 93 Island Road, Scarborough, ON, M1C 2P5 phone 416-284-4782 fax 416-284-3634	
Name of Inspector(s)/Nom de l'inspecteur(s) Delores Mac Donald (136)	

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection into the nutritional care provided to a resident.

During the course of the inspection, the inspector spoke with the Administrator, Assistant Director of Nursing, Nutrition Manager, Dietitian, nursing and dietary staff working in the area where the resident ate and lived. The resident was interviewed in her room.

During the course of the inspection, the inspector reviewed all care records and observed the resident in the dining room.

There were no findings of Non-Compliance as a result of this inspection.

re 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>Delores Mac Donald</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>January 24, 2011</i>