



under the *Long-Term Care Homes Act, 2007*

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

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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection 2011_113_2633_22Mar113746 2011_113_2633_22Mar113422	Type of Inspection/Genre d'inspection Complaint – Log T424 T2918
Licensee/Titulaire		
2063412 Ontario Limited as General Partner of 2063412 Investment LP 302 Town Centre Blvd., Suite #200, Markham ON L3R 0E8		
Long-Term Care Home/Foyer de soins de longue durée		
Leisureworld Caregiving Centre – Creedan Valley, 143 Mary Street, Creemore, ON L0M 1G0		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Jane Carruthers - #113		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct complaint inspections relating to damaged clothing and Resident rights.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, and laundry staff</p> <p>During the course of the inspection, the inspector: visited laundry room and looked at Resident clothing in wardrobes.</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Accommodation Services – Laundry and Responsive Behaviours Inspection Protocols.</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.</p>		

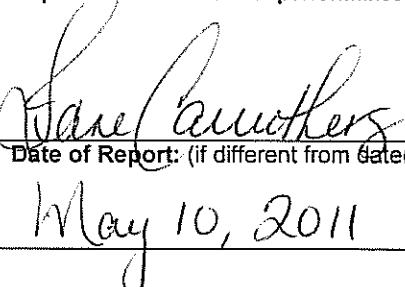
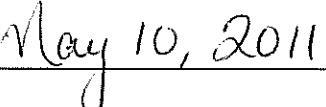


Long-Term Care

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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 of Report: (if different from date(s) of inspection).  May 10, 2011