



## 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*

### 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

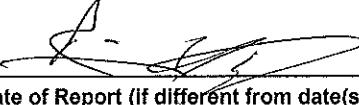
Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

Telephone: 905-546-8294  
Facsimile: 905-546-8255

Bureau régional de services de Hamilton  
119, rue King Quest, 11<sup>th</sup> étage  
Hamilton, ON L8P 4Y7

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

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Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
24 January 2011	2011_127_1023_21Jan151612	Complaint #s H-00116/H-00145	
Licensee/Titulaire			
Rykka Care Centres LP, 50 Samore Road, Suite 205, Toronto ON M6A 1J6			
Long-Term Care Home/Foyer de soins de longue durée			
Wellington Park Care Centre, 802 Hager Avenue, Burlington ON L7S 1X2			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127			
<b>Inspection Summary / Sommaire d'inspection</b>			
The purpose of this inspection was to conduct a complaint inspection regarding resident care, availability of care products, linen, lingering odours and cleanliness of the home.			
During the course of the inspection, the inspector spoke with the administrator, director of care, environmental manager, registered and non-registered staff, an activity assistant and residents.			
During the course of the inspection, the inspector toured all areas of the home, verified the availability of required supplies and reviewed documentation.			
The following Inspection Protocols were used during this inspection:			
<ul style="list-style-type: none"><li>• Accommodation Services - Housekeeping</li><li>• Accommodation Services - Laundry</li><li>• Dignity, Choice and Privacy</li></ul>			
No findings of Non-Compliance were found during this inspection.			

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:	Date of Report (if different from date(s) of inspection). <i>24 March 2011</i>