



**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

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

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7

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

<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection April 6, 2011	Inspection No/ d'inspection 2011-120-2784-06Apr182338	Type of Inspection/Genre d'inspection H-00584-11 - Complaint
Licensee/Titulaire Barton Retirement Inc., 1430 Upper Wellington Street, Hamilton, Ontario L9A 5H3		
Long-Term Care Home/Foyer de soins de longue durée The Wellington Nursing Home, 1430 Upper Wellington Street, Hamilton, Ontario L9A 5H3		
Name of Inspector(s)/Nom de l'inspecteur(s) Bernadette Susnik, Environmental Health #120		
Inspection Summary/Sommaire d'Inspection		
<p>The purpose of this visit was to conduct a complaint inspection related to odours.</p> <p>During the course of the inspection, the inspector spoke with the Administrator, Director of care and housekeeping staff. During the course of the inspection, a walk-through of the home was conducted, including resident rooms, washrooms and lounge spaces.</p> <p>The following Inspection Protocol was used during this inspection:</p> <ul style="list-style-type: none">• Accommodation Services - Housekeeping <p>No findings of Non-Compliance were found during this inspection.</p>		

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). April 12/11