



**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
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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	Type of Inspection/Genre d'inspection
October 19, 20 & 21, 2010	2010_167_2928_19Oct131240 2010_120_2928_20Oct092424	Complaint H-01684

Licensee/Titulaire

Specialty Care Woodhall Park Inc., 400 Applewood Crescent, Suite 110, Vaughan, Ontario L4K 0C3

Long-Term Care Home/Foyer de soins de longue durée

Specialty Care Woodhall Park, 10260 Kennedy Road, Brampton, Ontario, L6T 3S1

Name of Inspector(s)/Nom de l'inspecteur(s)

Marilyn Tone, LTC Homes Inspector - Nursing #167 and Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to care issues.

During the course of the inspection, the inspector spoke with The Director of Care and the Administrator.

During the course of the inspection, the inspector reviewed the home's policies and procedures related to the management of infectious diseases and conducted a review of the identified resident's health file.

The following Inspection Protocols were used during this inspection:

Personal Support Services Inspection Protocol
Dignity, Choice and Privacy Inspection Protocol.

There are no findings of Non-Compliance as a result of 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. <i>Marilyn Tone / (for B. Susnik)</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>November 23, 2010</i>