



**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

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

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ém} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

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

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

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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Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 14, 2011	2011_192_1023_14Mar080403	Complaint H- 00434
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 Hagar Avenue , Burlington ON L7S 1X2		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Debora Saville Nursing Inspector #192		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with: Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, and residents.</p> <p>During the course of the inspection, the inspector: Reviewed medical records, observed medication pass, observed residents, observed linen and incontinence supplies, and reviewed policy and procedure.</p> <p>The following Inspection Protocols were used during this inspection: Medication, Personal Support Services, Recreation and Social Activities, Responsive Behaviours, Accommodation Services – Laundry, Housekeeping, Maintenance, and Continence and Bowel Management,</p> <p>There are no findings of Non-Compliance as a result of 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. <i>Debra Saville</i>
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). <i>March 21, 2011</i>