



**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, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> 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

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date of inspection/Date de l'inspection</b> February 28, 2011	<b>Inspection No/ d'inspection</b> 2011_147_1023_28Feb114712	<b>Type of Inspection/Genre d'inspection</b> Complaint – H-00018
<b>Licensee/Titulaire</b> Rykka Care Centers LP 50 Samore Road, Suite 205 Toronto, ON M6A 1J6 Fax: 416-479-4346		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Wellington Park Care Center 802 Hager Avenue Burlington, ON L7S 1X2 Fax: 905-637-7514		
<b>Name of Inspector</b>  Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a Complaint inspection.</p> <p>During the course of the inspection, the inspector spoke with:</p> <p>Director of Care, Social Worker, Staff and resident.</p> <p>During the course of the inspection, the inspector:</p> <p>Interviewed staff, reviewed clinical chart and progress notes for resident, reviewed internal investigation and internal incident report and reviewed home's policy and procedure related to Falls Prevention.</p> <p>The following Inspection Protocols were used during this inspection:</p> <p>Falls Prevention</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>		



**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(b)**

(10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary;

**Findings:**

1. According to interview with resident the resident states an injury occurred while attending a celebration event in the home.
2. The resident reported the incident to the staff, however no immediate investigation or reassessment was conducted by the home related to the incident as per the home's Post Fall Assessment Policy. Subsequently, the resident' did have an x-rayed done which confirmed an injury.

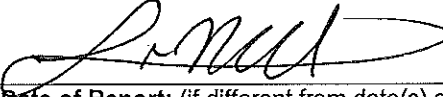
**Inspector ID #:** 147

**VPC** - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all residents who have fallen are immediately assessed and interventions put in place post fall and the resident's responses to the interventions documented, to be implemented voluntarily.

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:**

 Aug 23/11  
**Date of Report:** (if different from date(s) of inspection).