



**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

Hamilton Service Area Office
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Hamilton, ON L8P 4Y7

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**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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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

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

Inspection Summary / Sommaire d'inspection

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:

- Accommodation Services - Housekeeping
- Accommodation Services - Laundry
- Dignity, Choice and Privacy

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>