



**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  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton, ON L8P 4Y7

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119, rue King Ouest, 11<sup>ème</sup> étage  
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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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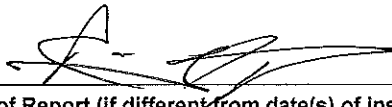
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<b>Date of inspection/Date de l'inspection</b> 28 April 2011	<b>Inspection No/ d'inspection</b> 2011_127_2841_27Apr164706	<b>Type of inspection/Genre d'inspection</b> Follow up # H-000905-11
<b>Licensee/Titulaire</b> Oakwood Retirement Communities Inc., 325 Max Becker Drive, Suite 201, Kitchener ON N2E 4H5		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> The Village of Wentworth Heights, 1620 Upper Wentworth Street, Hamilton ON L9B 2W3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
<b>Inspection Summary / Sommaire d'inspection</b>		
<p>The purpose of this inspection was to follow up on written notifications #1 and #2 and compliance orders #001 and #002 from inspection 2011_127_2841_24Feb163123 regarding window security and storage of hazardous substances.</p> <p>During the course of the inspection, the inspector spoke with the administrator.</p> <p>During the course of the inspection, the inspector visited all resident home areas and randomly checked previously identified areas of non-compliance.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> <li>• Safe and Secure Home</li> </ul> <p>No Findings of Non-Compliance were found during this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.</p>		



CORRECTED NON-COMPLIANCE / Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s. 16	WN	# 1	2011_127_2841_24Feb163123	127
O. Reg. 79/10, s. 16	CO	# 001	2011_127_2841_24Feb163123	127
O. Reg. 79/10, s. 91	WN	# 2	2011_127_2841_24Feb163123	127
O. Reg. 79/10, s. 91	CO	# 002	2011_127_2841_24Feb163123	127

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). 29 April 2011	