



**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, 11th Floor
Hamilton, ON L8P 4Y7

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

**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
conformité

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

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

☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
17 August 2010	2010_127_2931_16Aug134518	Complaint (H-00740)

Licensee/Titulaire

Idlewyld Manor

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

Idlewyld Manor, 449 Sanatorium Road, Hamilton, ON L9C 2A7

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

Richard Hayden – LTC Homes Inspector #127

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection respecting the improper storage and disposal of soiled peri-cloths after resident care.

During the course of the inspection, the inspector spoke with the executive director, administrative staff, nursing staff, laundry staff and residents.

The following Inspection Protocols were used in part or in whole during this inspection:

- Infection Prevention and Control

☒ 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. 
Title:	Date of Report (if different from date(s) of inspection).
Date:	