



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévues 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**

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

<b>Date(s) of inspection/Date de l'inspection</b> September 15, 16 and 17, 2010	<b>Inspection No/ d'inspection</b> 2010_147_2910_16Sep103450	<b>Type of Inspection/Genre d'inspection</b> Critical Incident – H-00782
<b>Licensee/Titulaire</b> Halton Healthcare LTC Inc. 327 Reynolds Street Oakville, ON L6J 3L7		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Wyndham Manor 291 Reynolds Street Oakville, ON L6J 3L5		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with:

- Administrator, Director of Care and MDS RAI Coordinator


During the course of the inspection, the inspector:

- Resident clinical chart and progress notes reviewed
- Licensee's Abuse and Neglect Policy reviewed
- Internal investigation and incident report reviewed.

The following Inspection Protocols were used during this inspection:

- Responsive Behaviours Inspection Protocol

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</p>	<p>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.</p> 
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p>