



**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, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
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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(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 27, 2010	2010-120-2910-27AUG153909	Complaint – H000425

Licensee/Titulaire

Halton Healthcare LTC Inc., 327 Reynolds Street, Oakville, ON L6J 3L7

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

Wyndham Manor Long-Term Care, 291 Reynolds Street, Oakville, ON L6J 3L5

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

Bernadette Susnik, LTC Homes Inspector – Environmental Health #120

Inspection Summary/Sommaire d'inspection

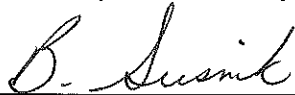
The purpose of this inspection was to conduct a complaint inspection related to the laundry service.

During the course of the inspection, the above noted inspector spoke with the Administrator and the Supervisor of Housekeeping and Laundry.

During the course of the inspection, the inspector conducted a walk-through of the home and randomly inspected many resident bedrooms and ensuite washrooms. Documentation related to the resident clothing lost and found process and labeling system was reviewed.

The following Inspection Protocol was used during this inspection: Accommodation Services – Laundry

☒ 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:	Date of Report: (if different from date(s) of inspection).	
		Nov. 12/10	