



**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, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} 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
conformité

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<input type="checkbox"/> Licensee Copy/Copie du Titulaire		<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 20, 2011	2011_129_2931_10May095514	Complaint (H-000860-11)
Licensee/Titulaire		
Idlewyld Manor		
Long-Term Care Home/Foyer de soins de longue durée		
449 Sanatorium Road, Hamilton ON, L9C 2A7		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Lesia Wulff # 173 Tammy Szymanowski # 165 Phyllis Hiltz-Bontje #129		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a compliant inspection.</p> <p>During the course of the inspection, the inspector(s) spoke with: Nursing department staff</p> <p>During the course of the inspection, the inspector(s): Interviews were conducted</p> <p>The following Inspection Protocols were used in part or in whole during this inspection: Reporting Complaints</p> <p><input checked="" type="checkbox"/> 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	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).