



**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
Facsimilie: 905-546-8255

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

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Date(s) of inspection/Date de l'inspection April 8, 2011	Inspection No/ d'inspection 2011-120-2853-08Apr144959	Type of Inspection/Genre d'inspection H-00780-11 - Follow-up to H-00683
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Licensee/Titulaire
Liuna Local 837 Nursing Home (Hamilton) Corporation, 44 Hughson Street South, Hamilton, ON, L8N 2A7

Long-Term Care Home/Foyer de soins de longue durée
Queen's Garden, 80 Queen St. N., Hamilton, ON, L8R 3P6

Name of Inspector(s)/Nom de l'inspecteur(s)
Bernadette Susnik, Environmental Health #120

Inspection Summary/Sommaire d'inspection

The purpose of this visit was to conduct a follow-up inspection to outstanding non-compliance identified on August 13, 2010 related to housekeeping services.

During the course of the inspection, the inspector spoke with the administrator and environmental services supervisor.

During the course of the inspection, the inspector conducted an inspection of all 4 serveries, 6 dining rooms, and the main kitchen.

The following Inspection Protocol was used during this inspection:


- *Accommodation Services – Housekeeping*

No findings of Non-Compliance were found during this inspection.

Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 2.



CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s.87(2)(ii)	WN		2010-176-2853-13Aug133907	120

Signature of Licensee of Designated Representative 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).	
		