



**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
119, rue King Ouest, 11^{ème} 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

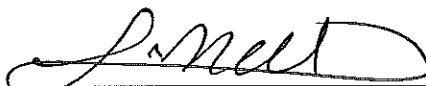
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 30 and October 1, 2010	2010_147_2656_30Sep144040	Complaint – H-00937 and H-01928
Licensee/Titulaire Tyndall Nursing Home Limited 1060 Eglinton Avenue East Mississauga, ON L4W 1K3		
Long-Term Care Home/Foyer de soins de longue durée Tyndall Nursing Home 1060 Eglinton Avenue East Mississauga, ON L4W 1K3		
Name of Inspector Laleh Newell - 147		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Complaint Incident inspection related to an unexplained hip fracture sustained as a result of a fall and improper care.</p> <p>During the course of the inspection, the inspector spoke with:</p> <p>Director of Care, staff and the resident.</p> <p>During the course of the inspection, the inspector:</p> <p>Reviewed resident's clinical chart, reviewed home's policy and procedure related to Falls, reviewed internal incident and investigation reports, observed care, toured the home, and observed staff in routine duties.</p> <p>The following Inspection Protocols were used during this inspection:</p> <p>Fall Prevention</p> <p><input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection</p>		



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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*

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.  Nov 24/10
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).