



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 15, 2016	2016_370162_0001	036285-15	Resident Quality Inspection

Licensee/Titulaire de permis

City of Toronto
55 JOHN STREET METRO HALL, 11th FLOOR TORONTO ON M5V 3C6

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

FUDGER HOUSE
439 SHERBOURNE STREET TORONTO ON M4X 1K6

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

TIINA TRALMAN (162), ARIEL JONES (566), JUDITH HART (513)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): January 4, 5, 6, 7, 8, 11, and 12, 2016.

During the course of the inspection, the inspector(s) spoke with administrator, acting assistant administrator, acting director of nursing, manager resident services, acting nurse managers, nurse managers, wound care coordinator, registered nursing staff, personal care assistants, recreation services assistants, physiotherapist assistant, complementary care assistant, handyman, housekeeping staff, Residents' Council president, Family Council president, residents and family members.

During the course of the inspection, the inspectors toured the home, observed resident care, medication administration, dining service, recreation activities, staff to resident care and interaction, reviewed resident health records, reviewed Council meeting minutes, policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Personal Support Services
Recreation and Social Activities
Residents' Council
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

**2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home furnishings and equipment are maintained in a safe condition and in a good state of repair.

On January 6, 2016, the inspector observed the grab bar located beside the toilet in an identified resident's room to be loose. During observations on January 8 and 11, 2016, the identified grab bar remained loose.

On January 11, 2016, an interview with registered staff #123 and identified handyman confirmed that the grab bar was loose and required repair and that a requisition form for repair was not completed.

An interview with the acting assistant administrator confirmed that the grab bar was in an unsafe condition and that a maintenance requisition order had now been made out for repair and grab bar replacement following the inspector's observation. [s. 15. (2) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including pressure ulcers has been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A review of the Minimum Data Set (MDS) Resident Assessment Protocol (RAP) for resident #008, identified altered skin integrity to an identified area of his/her body related to specified medical conditions.

A review of resident #008's plan of care identified a weekly ulcer and wound assessment is to be completed for altered skin integrity related to an identified area of his/her body.

A review of resident #008's chart and treatment record identified weekly assessments were not completed on identified dates.

A review of the licensee's Skin and Wound Prevention and Management policy # RC-0518-02, for altered skin integrity, indicates to assess the wound weekly and complete the skin and wound assessment.

Observation of the resident by registered staff #108 indicated resident #008 has altered skin integrity on identified areas of his/her body.

An interview with the wound care coordinator confirmed that weekly wound assessments are required for altered skin integrity.

Interviews with registered staff #111 and #109 confirmed resident #008 did not receive weekly skin assessments for altered skin integrity on identified areas of his/her body, as required. [s. 50. (2) (b) (iv)]



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Issued on this 15th day of January, 2016

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.