



**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

**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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			<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 3, 4, 2010	Inspection No/ d'inspection 2010_116_9524_03Nov111948	Type of Inspection/Genre d'inspection Critical Incident Log#T0160	
Licensee/Titulaire City of Toronto Long-Term Care homes and Services Long-Term Care Home/Foyer de soins de longue durée Fudger House 439 Sherbourne St, Toronto, ON M4X 1K6			
Name of Inspector(s)/Nom de l'inspecteur(s) Saran Daniel-Dodd, Nursing Inspector			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a Critical Incident inspection.			
During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Registered Nurses and frontline staff members.			
During the course of the inspection, the inspector spoke with members of the management team including The Administrator, Director of Care, and Nurse Managers. The inspector also spoke with Registered Staff and front line staff members on the third floor home area. The homes falls prevention policy and health record of a resident were reviewed.			
The following Inspection Protocols were used in part or in whole during this inspection: Falls Prevention Inspection Protocol Hospitalization & Death inspection Protocol			
<input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.			



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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

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

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.)

Le suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

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).

November 18, 2010