



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 20, 2017	2017_544527_0017	023516-17, 023527-17, 023528-17, 023529-17, 023530-17, 023531-17, 023532-17, 023533-17	Follow up

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**Licensee/Titulaire de permis**

TYNDALL NURSING HOME LIMITED  
1060 EGLINTON AVENUE EAST MISSISSAUGA ON L4W 1K3

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

TYNDALL NURSING HOME  
1060 EGLINTON AVENUE EAST MISSISSAUGA ON L4W 1K3

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

KATHLEEN MILLAR (527), MELODY GRAY (123)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): December 6, 7, 8, 12, 13, 14, 15, and 18, 2017**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Resident Assessment Instrument (RAI) Coordinator, the Food Services Manager (FSM), the temporary Registered Dietitian (RD), the Behavioural Support Ontario (BSO) staff, Nurse Managers (NMs), registered nurses (RNs), registered practical nurses (RPNs), dietary aides, housekeeping staff, personal support workers (PSWs), residents and family members.**

**The Inspectors also toured the home, observed the provision of care and services, and reviewed documents including but not limited to: clinical health records, policies and procedures, meeting minutes, and compliance plans.**

**The following Inspection Protocols were used during this inspection:**

**Falls Prevention  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

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

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

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 110. (1)	CO #006	2017_544527_0007		123
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2017_544527_0007		527
O.Reg 79/10 s. 35. (1)	CO #001	2017_544527_0007		527
O.Reg 79/10 s. 39.	CO #007	2017_544527_0007		527
O.Reg 79/10 s. 53. (4)	CO #004	2017_544527_0007		527
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #003	2017_544527_0007		123
O.Reg 79/10 s. 68. (2)	CO #005	2017_544527_0007		123
O.Reg 79/10 s. 8. (1)	CO #008	2017_544527_0007		123

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**
**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A) The electronic record of resident #067 was reviewed with registered staff #111 and it was noted that the resident had a fall in December 2017. There were documented assessments completed as confirmed with registered staff #111. They reported that they would review the resident's hard copy record to try and locate if a Compliance Audit form was completed in relation to the assessments.

Registered staff #111 reported that after a second review, one of the assessments was not documented in the resident's record. This was confirmed by LTCH Inspector #123. Registered staff #111 confirmed that an assessment was not documented for resident #067.

B) The electronic record of resident #068 was reviewed with registered staff #111. It was noted that the resident fell in November and December 2017. There were assessments documented as confirmed with registered staff #111.

Registered staff #111 was interviewed and they reported that they would check the resident's hard copy record to locate a Compliance Audit sheet related to the December fall to determine if the documentation was completed.

Registered staff #111 indicated that the Director of Care (DOC) contacted registered staff #129 and they reported that they completed the assessment as noted in the Compliance Audit sheet, but they did not document two of the assessments into the resident's record.

The home failed to ensure that when actions were taken with respect to the assessment of resident #067 and #068 and resident responses to interventions were documented.

***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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes**  
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

#### **Findings/Faits saillants :**

1. The licensee failed to ensure that residents with the following weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated:

1. A change of 5 per cent of body weight, or more, over one month
2. A change of 7.5 per cent of body weight, or more, over three months
3. A change of 10 per cent of body weight, or more, over 6 months
4. Any other weight change that compromises their health status

In January 2017, the record of resident #054 was reviewed and it was noted that in November 2017, the resident had a weight change as compared to their weight in December 2017. The weight recorded in December 2017, represented a weight change of five per cent body weight, or more, over one month.

Further review of the resident's record indicated that a referral to the Registered Dietitian (RD) for assessment of the resident related to the weight change was not completed. An Annual Dietary Assessment was completed by the RD in December 2017. It referenced the resident's November 2017 weight and indicated that the resident's weight was stable. There was no documentation found to indicate that the physician was informed of the resident's significant weight change.

The home's Weight Monthly Work Sheet for October, November and December 2017, for a specific unit was reviewed and it was noted that a number of residents had a significant weight change.

The records of residents #060 and #065 were reviewed and they did not include

documentation indicating that referrals to the RD for assessment of the significant weight changes were made.

The Assistant Director of Care (ADOC), the temporary RD and the Food Service Manager (FSM) were interviewed and confirmed the information above. They also reported that no referrals to the RD for assessment related to the December 2017, significant weight change of any residents on a specific unit were completed. There was an issue with the Point Click Care (PCC) computer system where residents with significant weight changes over a one month period were not being flagged. The home contacted the vendor, informed them of the issue and continue to work with the vendor to address the issue.

The home completed referrals for the RD to assess residents on the specific unit, including those with significant weight changes. Also, the home was in the process of making further revisions to its weight change policy and procedure; however, the revision of the policy was not finalized nor was the policy implemented by the home.

The Administrator was interviewed and reported that there were three residents in the home who had significant weight changes in December 2017. The records of residents #062, #063 and #064 were reviewed and it was noted that they were assessed by the RD related to having significant weight changes of five per cent or more in December, 2017.

The home did not ensure that residents including residents #054, #060 and #065 with a change of five per cent of body weight, or more, over one month, were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated.

### ***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 residents with the following weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated: 1. A change of 5 per cent of body weight, or more, over one month. 2. A change of 7.5 per cent of body weight, or more, over three months. 3. A change of 10 per cent of body weight, or more, over 6 months. 4. Any other weight change that compromises the resident's health status, to be implemented voluntarily.***



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**Issued on this 3rd day of January, 2018**

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

**Original report signed by the inspector.**