



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

**Rapport d'inspection
prévues 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
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 September 30 and October 1, 2010	Inspection No/ d'inspection 2010_147_2656_30Sep143954	Type of Inspection/Genre d'inspection Critical Incident – H-00120
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		

The purpose of this inspection was to conduct a Critical Incident inspection related to an unexplained fracture.

During the course of the inspection, the inspector spoke with:

Director of Care and staff.

During the course of the inspection, the inspector:

Reviewed resident's clinical chart, reviewed home's policy and procedure related to Palliative Care, reviewed internal incident and investigation reports, observed care, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used during this inspection:

Fall Prevention

Findings of Non-Compliance were found during this inspection. The following action was taken:

[1] WN

[1] VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: 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 constituer 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.



WN #1: The Licensee has failed to comply with - LTCHA, 2007, S.O. 2007, c, 8, s. 6(1)(a)
6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

Findings:


1. The plan of care reviewed in September 30, 2010 for an identified resident did not have a planned care for the resident related to the fracture the resident sustained on August 2010.
2. The plan of care reviewed on September 30, 2010 for an identified resident did not have a planned care for the resident to pain associated with the fracture the resident sustained in August 2010.
3. An identified was deemed palliative in September 2010, however, the plan of care that was reviewed in September 2010 did not have a planned care for the resident related to palliative care measures.

Inspector ID #: 147

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 all resident's plan of care provide clear direction to the staff who provide direct care related to all aspects of the residents needs are up to date to be implemented voluntarily.

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.

 Feb 10/11

Title: **Date:**

Date of Report: (if different from date(s) of inspection).