

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée



Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Telephone: 416-325-9297
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Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Toronto

55, avenue St. Clair Ouest, 8^{ième} étage
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FEB 02 2011

Ms. Lorraine Siu
Administrator
Fudger House
439 Sherbourne Street
Toronto, ON M4X 1K6

Dear Ms. Siu:

Please find enclosed the **Inspection Report-Public Copy** for an inspection conducted on **November 3, 4, 2010** under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the **Inspection Report-Public Copy** must be made available without charge upon request. The report will also be on file with the Toronto Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. Hosselle".

for Saran Daniel-Dodd
LTC Homes Inspector

Inspection Report-Public Copy
November 3, 4, 2010



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

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☐ Licensee Copy/Copie du Titulaire ☒ 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 ☒ There are no findings of Non-Compliance as a result of this inspection.		

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.

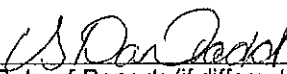
Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

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.

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