Ministry of Health and Long-Term Care

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
1-866-311-8002

Facsimile: 416-327-4486

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
Bureau régional de services de Toronto

55, avenue St. Clair Ouest, 8iém étage
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FEB 0 2 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. Morrill

for Saran Daniel-Dodd
LTC Homes Inspector

Ontario

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*

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
November 3, 4, 2010	2010_116_9524_03Nov111948	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