



**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**

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^{ème} 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 22, 23, 26, 27 and 28, 2011	Inspection No/ d'inspection 2011_026147_0025	Type of Inspection/Genre d'inspection Complaint – H-001407-11
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(s)/Nom de l'inspecteur(s) Laleh Newell - 147		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Complaint inspection. 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, toured the home, and observed staff in routine duties. The following Inspection Protocols were used during this inspection: Responsive Behaviours Nutrition and Hydration Skin and Wound Care ☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN		

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.

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.)

WN#1: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria.

B2.4 -Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff providing care.

Findings:

1. An identified resident was admitted to the home in 2009. The assessment provided to the home and the initial assessment conducted by the home at the time of admission clearly outlines the responsive behaviours the resident was exhibiting prior to admission to the home. However, the plan of care developed for the resident in 2009 did not have any interventions and strategies for the staff providing care to minimize or reduce these behaviours.
2. The plan of care developed for an identified resident in 2009 does not provide clear direction to staff providing care for the resident related to the resident's mobility and transferring as assessed by the physiotherapist in 2009. The physiotherapist assessment completed in 2009 indicated the resident required a one person assist for transferring and had unsteady gait while transferring, the plan of care did not have any interventions or strategies included to provide clear direction to staff providing care.
3. An identified resident was assessed at time of admission as being at high risk for skin breakdown, however the plan of care does not provide clear direction related to his skin breakdown to staff providing care for the resident from the dietitian or the registered staff to minimize further skin breakdown. The resident developed a Stage II ulcer the following month.



Inspector ID #:	147
-----------------	-----

WN#2: The Licensee has failed to comply with The Long-Term Care Homes Program Manual Standards and Criteria.

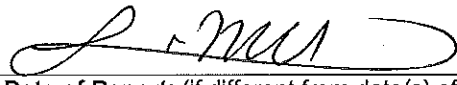
B1.18 - The registered dietitian shall assess each resident who exhibits skin breakdown and / or wounds.

Findings:

1. An identified resident was admitted to the home in 2009 and was assessed to be at high risk for skin breakdown due to decreased mobility, bladder and bowel incontinence and poor intake.
2. The resident developed a Stage II ulcer; the home did not initiate a referral to a registered dietitian related to the resident's skin breakdown. According to the resident's clinical records there were no assessment completed by the registered dietitian related to the ulcer.

Inspector ID #:	147
-----------------	-----

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

 Nov 28/2011