

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 10, 2021	2021_605213_0003	000355-21, 000651-21, 000799-21, 001720-21, 001906-21, 002108-21, 002152-21, 002159-21, 002287-21, 002423-21, 002481-21, 002571-21, 002849-21	Complaint

Licensee/Titulaire de permis

LaPointe-Fisher Nursing Home, Limited
1934 Dufferin Avenue Wallaceburg ON N8A 4M2

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

Fairfield Park
1934 Dufferin Avenue Wallaceburg ON N8A 4M2

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

RHONDA KUKOLY (213), MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 27, 28, 29, February 1, 2, 3, 23, 24, 25, 26, March 1, 2, 3, 2021.

This inspection was completed in a combination of on and off site activities and included the following intakes:

Log #000355-21, a complaint related to visitation.

Log #000651-21, a critical incident related to a Covid-19 outbreak.

Log #000799-21, a complaint related to care.

Log #001720-21, a complaint related to staffing, nutrition and hydration and infection prevention and control.

Log #001906-21, a critical incident related to a fall.

Log #002108-21, a complaint related to infection prevention and control.

Log #002152-21, a complaint related to infection prevention and control and bathing.

Log #002159-21, a complaint related to infection prevention and control and staffing.

Log #002287-21, a complaint related to nutrition and hydration and meals and snacks services.

Log #002423-21, a complaint related to meals and snack services.

Log #002481-21, a complaint related to bathing.

Log #002571-21, a complaint related to bathing, staffing and infection prevention and control.

Log #002849-21, a complaint related to bathing, meals and snack services and vaccinations.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Director of Operations, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Housekeepers, Pinkerton Security staff, Canadian Red Cross staff, a Chatham Kent Police Officer, the Director of Environment and Education, the Director of Food Services, the Resident Assessment Instrument and Care Plan Coordinator, a Physician, a Chatham Kent Public Health Nurse, a Registered Dietician, residents, and family members.

The inspectors also made multiple observations and reviewed health records, policies and procedures, communication, assessments, test results, staff schedules, complaint records, internal investigation records, and other relevant documentation.

The following Inspection Protocols were used during this inspection:

**Dining Observation
Falls Prevention
Infection Prevention and Control
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Reporting and Complaints**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the procedure for the required restraints policy was complied with for three residents.

LTCHA 2007 s. 29(1) required the home to ensure there was a written policy to minimize the restraining of residents and to ensure that any restraining that was necessary was done in accordance with the LTCHA and the regulations and that the policy was complied with.

Specifically, staff did not comply with the home's policy and procedure "Restraints". The home's Restraints policy stated the use of a restraint must be included in the resident's plan of care, there must be a physician's order and consent. The policy also stated staff must complete the "Alternative to Restraints Assessment Record".

Three residents were observed with restraints in place. Two residents had no restraint assessment or "Alternative to Restraints Assessment Record". One resident had no restraint assessment or "Alternative to Restraints Assessment Record", no physician's order, no consent and the restraint was not included in the resident's plan of care.

The Resident Assessment Instrument Coordinator (RAIC) agreed that there was no order or consent for one resident, and that the restraint was not included in resident's care plan. They said that there was no "Alternative to Restraints Assessment Record" completed for any of the residents. They said that the expectation was that residents who have restraints in place have Alternative to Restraints Assessment Records completed.

The Director of Care (DOC) said that according to the home's policy, restraint assessments should have been completed for any residents with restraints and that they should be included in the plan of care with a consent and a physician's order obtained.

Sources: Progress notes, treatment administration records, physician's orders, point of care documentation, assessments, and paper charts for three residents, observations of residents, the home's Restraints policy revised November 2020, interviews with the DOC, RAIC and a Registered Staff Member. [s. 8. (1) (b)]

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 the procedure for the required restraints policy is complied with, to be implemented voluntarily.

Issued on this 10th day of March, 2021

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

Original report signed by the inspector.