



**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**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

**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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|--|---|--|--|
| <b>Date(s) of inspection/Date de l'inspection</b><br><br>January 4, 2011   | <b>Inspection No/ d'inspection</b><br><br>2011_115_2823_04Jan110916 | <b>Type of Inspection/Genre d'inspection</b><br><br>L-01763<br>Critical Incident |  |
| <b>Licensee/Titulaire</b><br>LaPointe-Fisher Nursing Home Ltd. 1934 Dufferin Avenue, Wallaceburg, ON., N8A 4M2   |   |  |  |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Fairfield Park 1934 Dufferin Avenue, Wallaceburg, ON., N8A 4M2  |   |  |  |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Terri Daly #115  |   |  |  |
| <b>Inspection Summary/Sommaire d'inspection</b>  |   |  |  |
| The purpose of this inspection was to conduct a critical incident inspection.  |   |  |  |
| During the course of the inspection, the inspector spoke with: Administrator Tracey Maxim  |   |  |  |
| During the course of the inspection, the inspector reviewed the clinical records of 2 residents.   |   |  |  |
| The following Inspection Protocols were used in part or in whole during this inspection:<br>Dignity, Choice and Privacy Inspection Protocol<br>Responsive Behaviours Inspection Protocol |   |  |  |
| <input checked="" type="checkbox"/> There are no findings of Non-Compliance as a result of this inspection.  |   |  |  |



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## **Ministère de la Santé et des Soins de longue durée**

# **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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|---|---|---|
| <b>Signature of Licensee or Representative of Licensee</b><br><b>Signature du Titulaire du représentant désigné</b> | <b>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.</b> |   |
| <b>Title:</b>   | <b>Date:</b>  | <b>Date of Report:</b> (if different from date(s) of inspection). |
|   |   | January 10, 2011  |