



**Ministry of Health and
Long-Term Care**

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

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

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

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 10, 2017	2017_604519_0004	010708-16, 017060-16, 033517-16	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

LAPOINTE-FISHER NURSING HOME
271 METCALFE STREET GUELPH ON N1E 4Y8

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

SHERRI GROULX (519)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 26, 27, 30, 31, 2017

Inspector # 667 attended this inspection on January 30 and 31, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing (DON), a Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), residents and families.

The inspector reviewed electronic and hard copy documentation, assessments, plans of care, and policies and procedures. The inspector observed the environment of the home and the interaction of staff to residents in the provision of care.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Skin and Wound Care**

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

2 WN(s)

2 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>Legendé</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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident’s plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident, the SDM, if any, and the designate of



the resident / SDM had been provided the opportunity to participate fully in the development and implementation of the plan of care.

During a review of Point Click Care (PCC) documentation it was noted that a resident was admitted to the home and was on a specific medication orally at bedtime.

During the documentation review it was noted that the resident's physician ordered the medication dose to be decreased at bedtime. There was no documentation to indicate that resident's Power of Attorney (POA) was notified regarding this change in medication.

During the documentation review it was noted that, on a specific date, the medication dose was decreased again by the physician at bedtime for one month, then to discontinue the medication. There was no documentation to indicate the POA had been contacted regarding change in this medication.

During the documentation review it was noted that, on a specific date, a resident required medical intervention which resulted in the physician ordering a certain medication orally every six hours as needed for two weeks then to reassess. There was no documentation to indicate the POA had been contacted to start this medication.

During the documentation review it was noted that, on a specific date, a resident's physician changed the time of the medication administration from bed time to supper time. There was no documentation to indicate that the resident's POA had been contacted regarding the time change.

Upon interview with the Director of Nursing (DON) on a specific date and time, they stated that after they reviewed the resident's electronic and hard copy record they could not find evidence that the POA was contacted with the medication changes. They stated that the home's practice was to notify the family with every change in the resident's medication.

The home's policy titled, "Consent", stated under "Informed Consent", that "informed consent can be to one specific treatment or to a plan of treatment. Informed consent is required also for changes in any treatments or in the plan of treatment".

The licensee failed to ensure that the resident's SDM, as the designate of the resident, had been provided the opportunity to participate fully in the development and implementation of the plan of care when medication changes were made without their

consent or knowledge.

The severity of the issue was potential for harm and the scope of the issue was isolated. The home had a history of multiple related noncompliance. [s. 6. (5)]

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 resident, the SDM, if any, and the designate of the resident / SDM had been provided the opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly



by a member of the registered nursing staff.

A resident was admitted to the home, on a specific date, with altered skin integrity. Initially this area was minor but five days later, when assessed, it had progressed in severity.

According to Point Click Care (PCC) documentation the Skin Assessment Tool was completed for the resident weekly except for five dates where the legislated weekly assessments were not met.

Upon interview with the Registered Practical Nurse (RPN), on a specific date and time, it was stated that at this home the Registered Nurses complete the Skin and Wound assessments as well as the dressing changes. They stated that the assessments were done weekly unless there was a doctor's order for otherwise.

Upon interview with a Registered Nurse (RN), on a specific date and time, it was stated that the Skin and Wound Assessment Tool was completed every Friday. Wound dressings were done every Monday, Wednesday, and Friday unless they were ordered to be done more frequently.

Upon interview with the Director of Nursing (DON), on a specific date and time, it was stated that some of the weekly wound assessments had not been completed. The dates where it exceeded one week were shown to the DON and they agreed that the home had an issue completing them consistently during those date ranges due to the practice of a Registered Nurse who had since been terminated. They stated that the expectation of the home was that the skin and wound assessments would be completed weekly and all of the home's policies and education supported that.

The home's policy titled, Skin and Wound Care, Section S, under procedure, stated in number four that "in residents with identified altered skin integrity they will be reassessed a least weekly using the weekly skin and wound assessment". Under Residents with Pressure Ulcers the Registered Staff are to complete the Wound Assessment Tool weekly, including the size (circumference, depth, width, and length), discharge, odour, appearance, progression, pain, nutrition, equipment being used, etc".

The licensee failed to ensure that the resident, who exhibited altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff.



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The severity of the issue was potential for harm and the scope was isolated. The home had a history of noncompliance in this area which resulted in a compliance order on March 4, 2015, which was re-issued on September 2, 2015. The compliance order was complied on February 29, 2016. [s. 50. (2) (b) (iv)]

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 resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

Issued on this 10th day of March, 2017

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

Original report signed by the inspector.