



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*

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
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 8 and 9, 2010	2010_147_2358_09Sep111011	Critical Incident – H-00827
Licensee/Titulaire 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 Laleh Newell - #147		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a Critical Incident inspection related to an injury that occurred to a resident while restrained in wheelchair.		
During the course of the inspection, the inspector spoke with: Director of Care, Administrator, 2 nd floor Nurse and resident's family.		
During the course of the inspection, the inspector: <ul style="list-style-type: none">- Reviewed resident clinical chart, reviewed licensee's Fall Prevention Policy and the internal investigation and incident report.		
The following Inspection Protocols were used during this inspection: <ul style="list-style-type: none">- Fall Prevention		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN		



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NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement du directeur

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'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 constitue 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).

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s 6(1)(c) - Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings:

1. An identified resident was assessed for a front fastening seatbelt restraint while in wheelchair for safety, however, in 2010, the resident had a fall from the wheelchair as the resident was able to unfasten the seatbelt. Subsequently, the seatbelt restraint order was changed to a back fastening seatbelt, however, the written plan of care does not identify strategies and intervention related to the back fastening seatbelt and does not set out clear direction to staff who provide direct care to the resident.

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.**

Revised for the purpose of publication.

Title:

Date:

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