



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 4, 2014	2014_226192_0009	L-000216-14	Critical Incident System

**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**  
DEBORA SAVILLE (192)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): March 13, 2014**

**This inspection was completed concurrently with Follow-up inspection  
#2014\_226192\_0008.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, Personal Support Workers and the resident.**

**During the course of the inspection, the inspector(s) observed the care provided the resident, reviewed medical records, incident reports, incident investigation notes and toured the home.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services**

**Findings of Non-Compliance were found during this inspection.**



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### **NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3.  
Residents' Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that resident #001 was properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

Interview and record review identify that in 2014 a resident was observed to be improperly clothed. The clothing being worn had holes in it that exposed the residents skin.

The resident was not properly groomed and cared for in a manner consistent with their needs in 2014. The resident was observed by the Director of Care to have dirty hair that was hard to the touch.

The staff member responsible for the care of the resident on a specified date in 2014 failed to ensure the resident was properly clothed and groomed in a manner consistent with their needs. [s. 3. (1) 4.]

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Issued on this 4th day of April, 2014

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

Debra Saville (92)