



**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_0008	L-000239-14	Follow up

**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 Follow up inspection.**

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

**This inspection was conducted concurrently with Critical Incident Inspection L-000216-14.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care, Registered Practical Nurses, Registered Nurses, Personal Support Workers, Maintenance Manager and residents.**

**During the course of the inspection, the inspector(s) toured the home, observed for the use of bed rails, meal service in four dining rooms, of the medication cart, reviewed policy and procedure, medical records and incident reports.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Maintenance**

**Dining Observation**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

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



**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>



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**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the plan of care was revised when the resident's care needs change or care set out in the plan was no longer necessary.

The plan of care for resident #002 indicated under restraints that the resident used two full bed rails when in bed and under sleep and rest that the resident has two bed rails up when in bed for safety to prevent resident from rolling out of bed and has bumper pads on both bed rails for padding.

Review of the progress notes and interview indicated that the resident's bed rails had been removed following assessment of the resident's bed for entrapment risk and assessment of the resident for safety in the bed, with consultation with the Substitute Decision Maker.

Observation on March 13, 2014 identified no bed rails are available on the bed. [s. 6. (10) (b)]

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**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE  
BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES  
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 129. (1)	CO #007	2014_226192_0001	192
O.Reg 79/10 s. 15. (1)	CO #006	2014_226192_0001	192
O.Reg 79/10 s. 71. (3)	CO #008	2014_226192_0001	192
O.Reg 79/10 s. 8. (1)	CO #005	2014_226192_0001	192

Issued on this 4th day of April, 2014

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

Debra Saville (192)