



**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
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Direction de l'amélioration de la
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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
Apr 23, 2015	2015_254610_0019	006090-15	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

FAIRFIELD PARK
1934 DUFFERIN AVENUE WALLACEBURG ON N8A 4M2

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

NATALIE MORONEY (610)

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): April 22,2015

Critical Incident related to falls.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Physiotherapist, Personal Support Worker, Resident, and Registered Practical Nurse.

During the inspection inspector, conducted interviews, completed observation, reviewed health care records,internal investigation notes, and relevant policies.

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

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the plan of care is based on an interdisciplinary assessment with respect to resident's pain.

The home's Pain Management Policy :

1) With completion of the comfort care control summary if pain persists and is not controlled the Registered Staff will continue tracking for another seven days. This step will be repeated until resident is comfortable and pain is controlled.

2) When pain is controlled a plan of care is developed implemented, monitored and documented on the care plan.

3) All residents with indicators of pain will be assessed according to the facilities guidelines of pain management.

A resident that was experiencing pain.

A) The Resident had complaints of pain and no initiated pain assessment or documentation that the pain had been rated.

B) Comfort control sheet for pain monitoring was initiated for seven days during that time period the resident had experienced mild to discomforting pain for six of the seven days.

C) Resident had voiced pain as ten out of ten and a four out of ten at rest. Documentation on the Comfort Control Sheet during this shift was documented as mild to no pain.

D)The comfort control assessment summary indicated that pain was still present and the summary concluded that there was no pain.

The Administrator confirmed that the resident experiencing pain was not assessed per policy.

The Administrator and Director of care confirmed the resident should have been reassessed for pain management after completion of the comfort control chart to ensure that the plan of care is based on an interdisciplinary assessment with respect to the resident's pain and per policy. [s. 26. (3) 10.]



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 plan of care is based on an interdisciplinary assessment with respect to resident's pain., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that all direct care staff that are provided training on falls prevention and management.

During the inspection the Administrator was not able to produce reports of all direct care staff that have had fall prevention and management training for 2014.

The Administrator confirmed that they do not have completed records of all direct staff being trained with falls prevention and management and that all direct care staff must receive annual training in falls prevention and management. [s. 221. (1) 1.]



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Issued on this 27th day of April, 2015

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

Original report signed by the inspector.