



**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 # / No de registre	Type of Inspection / Genre d'inspection
Jul 12, 2018	2018_536537_0017	011984-18	Resident Quality Inspection

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

NANCY SINCLAIR (537), CASSANDRA TAYLOR (725), DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): July 3, 4, 5, and 6, 2018

**The following intakes were completed within the RQI:
Log #008477-18/CIS 2823-000005-18 related to disease outbreak.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Environmental/Education Director, Resident Care Plan Coordinator, one Registered Nurse (RN), five Registered Practical Nurses (RPN), eight Personal Support Workers (PSW), two Housekeeping/Laundry Aides, Resident Council Representative, Residents and Families.

The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and the care provided to them, medication passes and medication storage areas, reviewed health care records and plans of care for identified residents, reviewed policies and procedures, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**

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

**3 WN(s)
3 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. 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 has failed to ensure that a 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, if clinically indicated.

The home's policy titled "Skin and Wound Care Program" last revised September 2015, stated in part: "Registered Staff: Ensure the plan of care is established outlining interventions and treatments; the resident is reassessed weekly and the care plan is revised accordingly. Complete the Wound Assessment Tool (weekly) including size (circumference and depth) of the wound, discharge from the wound, appearance, progression, pain, nutrition, equipment being used".

A) During stage one of the Resident Quality Inspection (RQI), a resident was identified as having areas of altered skin integrity.

A Registered Nurse (RN) stated that when a resident had been assessed as having an area of altered skin integrity, the area would be assessed at minimum, weekly, using the home's "Weekly Wound Assessment Tool" to document the assessment. RN stated that this assessment was to be done on all wounds.

A Registered Practical Nurse (RPN) stated that when a resident had been assessed as



having an area of altered skin integrity, the area would be assessed, at a minimum, weekly using the home's Weekly Wound Assessment Tool" to document wound assessments. RPN stated that the identified resident had areas of altered skin integrity currently being assessed. RPN reviewed the "Weekly Wound Assessment Tool" for the areas and the documented dates, and stated that the assessments were not completed weekly as required.

B) During stage one of the RQI, a resident had been identified as having areas of altered skin integrity.

During an interview, a Registered Practical Nurse (RPN) stated that the identified areas should be assessed weekly and documented in the treatment record book using the home's "Weekly Wound Assessment Tool".

During an interview, Director of Care (DOC) stated that wounds should be assessed and documented weekly on the weekly pressure ulcer monitoring tool.

DOC reviewed the "Weekly Wound Assessment Tool" for the areas of altered skin integrity and the documented dates of assessments, and stated that the assessments had not been completed weekly as required.

Director of Nursing reviewed the "Weekly Wound Assessment Tool" documents for the identified residents and stated that wound assessments were not completed weekly as expected for the identified areas of altered skin integrity.

The licensee has failed to ensure that weekly wound assessments were completed for the identified areas of altered skin integrity for residents . [s. 50. (2) (b) (i)](725)



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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 a 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.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

A resident was identified to have a specific medication order.

Review of the electronic Medication Administration Record (eMAR) in a specified time frame included documentation by staff signature of the medication being administered on several occasions.

During review of a medication incident for the identified resident, a Registered Practical Nurse (RPN) determined that there were several doses of the prescribed medication that had not been administered.

The investigation notes revealed that doses were missed being administered.

In an interview with the Director of Care (DOC), it was determined that the medication incident was identified as a missed dose.

The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber. [s. 131. (2)]

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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



Specifically failed to comply with the following:

**s. 229. (5) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken as required. O.
Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :

1. The licensee has failed to ensure that staff on every shift recorded symptoms of infection in residents and took immediate action as required.

A Critical Incident System (CIS) report was submitted to the Ministry of Health and Long-Term Care related to a respiratory outbreak.

Review of the clinical record for three residents showed that they had developed respiratory symptoms. The clinical record did not show any documented assessments on several shifts while the residents remained symptomatic.

The home's policy titled "Outbreak-Suspected/Confirmed/Declared Over" effective April 2015, and revised November 9, 2015, stated: "Monitor resident if they are still exhibiting signs and symptoms and document in progress notes. Symptoms such as coughing and malaise may continue even though isolation is no longer necessary."

A message to staff as a Point Click Care (PCC) Announcement was reviewed and stated, "It is important that all residents in isolation be monitored and documentation completed every shift regarding their condition, signs and symptoms such as cough, congestion and temperature. When isolation is discontinued, this documentation should be continued until the symptoms have subsided. Discontinuation of isolation does not mean the discontinuation of close and accurate monitoring".

An interview was conducted with the Assistant Director of Care (ADOC) who was the home's infection control lead. The clinical records for the identified residents were reviewed and ADOC stated that the residents did not have documented assessments on every shift while they were symptomatic with respiratory symptoms, and should have. ADOC stated that the expectation in the home was that any resident that was symptomatic with an acute infection would be assessed every shift and would be documented in the resident's progress notes.



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An interview was conducted with the Director of Care (DOC). DOC stated that they had identified that assessments had been completed but were not documented and it was the expectation of the home that every resident that was symptomatic with an infection would be assessed every shift and the assessment would be documented in the progress notes of PCC.

The licensee has failed to ensure that staff on every shift recorded symptoms of infection in residents, and immediate action was taken as required. [s. 229. (5) (b)]

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 staff on every shift record symptoms of infection in residents and take immediate action as required, to be implemented voluntarily.

Issued on this 12th day of July, 2018

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

Original report signed by the inspector.