Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

# Inspection Report under the Long-Term Care Homes Act, 2007

# Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée


**Long-Term Care Operations Division**
**Long-Term Care Inspections Branch**

**Division des opérations relatives aux soins de longue durée**
**Inspection de soins de longue durée**

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## Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Aug 3, 2021 | 2021_886630_0026 | 005888-21 | 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

AMIE GIBBS-WARD (630)

## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): July 26, 27 and 28, 2021.**

**The following Critical Incident (CI) intake was completed within this inspection:**

**Related to falls prevention and management:**
**Log #005888-21 / CI 2823-000003-21**

**An Infection Prevention and Control (IPAC) as well as Cooling Requirements and Air Temperature inspection was also completed.**

**Inspector #705241 Loma Puckerin was also present during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC)/Infection Prevention and Control (IPAC) Program Lead, the Environmental Services Supervisor (ESS), the Resident Care Plan Coordinator/Falls Program Lead, a Registered Practical Nurse (RPN), a Housekeeper, Personal Support Workers (PSWs) and residents.**

**The inspectors also observed resident rooms and common areas, observed meal service, observed IPAC practices within the home, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed COVID-19 Directive #3 and Directive #5 for Long-Term Care Homes and reviewed relevant policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:**
**Falls Prevention**
**Infection Prevention and Control**
**Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.<br><br>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. 21. Air temperature**

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

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that air temperatures were documented in writing at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night in at least two resident bedrooms in different parts of the home and one resident common area on every floor of the home, in July 2021.

The home had central air conditioning in place throughout the resident areas. Interviews with three residents identified there were different views of the air temperature as one resident said it was too chilly, one said it was too warm and another had no concerns. The home had a process in place for the housekeeping staff to check and document the air temperatures in one resident room and one common area of the home for each wing of the home three times per day.

A review of the "Air Temperature Audit" forms for July 1 to 26, 2021, found incomplete documentation of the air temperatures in all three resident areas. The Environmental Services Supervisor (ESS) said they were new into the position and upon review of the air temperature records had identified gaps in the documentation. They said they had started to provide further training to the staff regarding the expectations for this monitoring. The ESS said they had not had any concerns expressed by residents regarding the air temperature in the home. There was no identified harm to residents related to this lack of documented temperature monitoring.

Sources: Interviews with three residents; observations July 26 and 27, 2021; "Air Temperature Audit" forms July 2021; interview with the Environmental Services Supervisor (ESS). [s. 21. (3)]

***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 the temperature required to be measured under subsection (2) is documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.***

**WN #2: 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. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a hand hygiene program was in place in accordance with the Ontario evidence-based hand hygiene (HH) program, “Just Clean Your Hands” (JCYH) related to staff assisting residents with HH before and after meals.

On July 26 and 27, 2021, Inspector #705241 observed residents brought into the dining room and served their lunch prior to performing HH. It was also observed that some residents finished playing cards and were brought to dining room, no HH was done to residents after the card game activity.

The home’s HH policy indicated that it was based on the four moments of hand hygiene and needed to reflect Ontario evidence-based hand hygiene (HH) program. The policy did not have a process for assisting residents to clean their hands before meals.

The Director of Care, who was also the IPAC lead verified that residents should have had assistance with HH prior to meals.

There was minimal risk to residents for the failure of the HH Policy having a process for assisting residents to clean their hands prior to meals in accordance with the evidenced-based JCYH program.

Sources: Observations of residents on two wings, the home’s Hand Hygiene Policy last revised December 2011, the JCYH Implementation Guide, interview with residents, interview with the DOC and other staff. [s. 229. (9)]

***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 there is a hand hygiene program in place in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices,, to be implemented voluntarily.***

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**Issued on this 3rd day of August, 2021**

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

**Original report signed by the inspector.**