

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: June 28, 2023	
Inspection Number: 2023-1308-0002	
Inspection Type: Critical Incident System	
Licensee: LaPointe-Fisher Nursing Home, Limited	
Long Term Care Home and City: Fairfield Park, Wallaceburg	
Lead Inspector Terri Daly (115)	Inspector Digital Signature
Additional Inspector(s) Debra Churcher (670)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 16, 19, 20, 2023

The following intake(s) were inspected:

- Intake: #00089931 - 2823-000012-23 related to a fall
- Intake: #00013816 - 2823-000011-22 related to a medication incident

These intakes:
#00005797 - CI: 2823-000007-22, #00015233 - 2823-000012-22, #00020991 - 2823-000004-23, #00084079 - 2823-000007-23, #00085164 - 2823-000010-23, #00087458 - 2823-000011-23, were reviewed with other intakes related to Falls Prevention and Management.

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

Medication Management
Infection Prevention and Control
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Summary and Rationale:

A resident care plan stated the resident was to have a specific intervention in place as a falls prevention intervention.

Post fall huddle progress note indicated that this specific intervention was not in place at the time of a fall.

The Falls Lead acknowledged that the resident should have had this intervention in place per the care plan.

Sources:

The resident's clinical record and interview with the Falls Lead.

[670]

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WRITTEN NOTIFICATION: General Requirements for Programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

The licensee failed to ensure that the written description of the Skin and Wound Care Program included, its policies, procedures and protocols relating to assessments and reassessments using a clinically appropriate tool specifically designed for skin and wound care of residents exhibiting altered skin integrity.

Summary and Rationale:

The home's policy titled Skin and Wound Care Program, last revised December 2022, defined altered skin integrity as potential or actual disruption of the epidermal or dermal tissue. The policy also states to reassess residents exhibiting altered skin integrity at least weekly.

The home's policy titled Skin and Wound Care Program Bruises, last revised December 2022, stated bruises will be added to the electronic treatment record and assessed every seven days.

The home's policy titled Skin and Wound Care Program Assessments and Interventions, last revised December 2022, stated when pressure injuries or venous /arterial areas identified initiate the skin and wound assessment on the tablets. An assessment of the wound must be done weekly using this assessment until the wound is healed.

During an interview with the home's Skin and Wound Lead they stated that the home used an application through their documentation system Point Click Care (PCC) to complete comprehensive wound assessments weekly. The assessments completed with the application contained wound measurements and descriptions of drainage, wound bed, surrounding tissues and progress. The Skin and Wound Lead stated that these comprehensive weekly assessments were only completed on stageable wounds and skin tears. They acknowledged that when a wound is placed on the treatment record it is for monitoring purposes only and is not a wound assessment.

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Sources:

The home's policies and interview with the home's Skin and Wound Lead.

[670]

WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

The licensee failed to ensure that Fall Prevention Program Head Injury Routine, was complied with for a resident.

O. Reg 246/22, s. 11(1) states, Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, (b) is complied with.

Summary and Rationale:

The home's policy titled Fall Prevention Program Head Injury Routine, last revised November 2022, provided two different options for staff to utilize to monitor a potential head injury routine.

Review of this resident's clinical record showed they experienced an incident. A head injury form was initiated to be completed per the home's policy.

During an interview with the Falls Lead they acknowledged that the head injury assessment was not completed and should have been and also acknowledged that the resident should have been placed on the appropriate head injury routine per the home's policy.

Sources:

The home's policy, a resident's clinical record and interview with the Falls Lead.

[670]

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WRITTEN NOTIFICATION: Required Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee has failed to ensure that, any resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff.

Summary and Rationale:

The Ministry of Long-Term Care defines altered skin integrity as potential or actual disruption of epidermal or dermal tissue.

Review of a resident's clinical record showed that the resident had two areas of alteration in their skin integrity. This Inspector was unable to locate any comprehensive weekly skin and wound assessments related to the two areas.

During an interview with the home's Skin and Wound Lead they stated that areas of altered skin integrity would be put on the resident's treatment record for monitoring but would not receive a comprehensive weekly assessment.

Sources:

A resident's clinical record and interview with the Skin and Wound Lead.

[670]

WRITTEN NOTIFICATION: Reporting and Complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

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The licensee has failed to ensure that the Director was informed of an incident in the home no later than one business day after the occurrence of the incident: an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

Summary and Rationale:

A resident's clinical record indicated that the resident experienced an incident, resulting in an injury leading to a change in cognition. The resident was sent to the hospital. The clinical record indicated that the home was made aware from the hospital that tests showed an injury and the resident was being admitted to hospital.

This Inspector was unable to locate a Critical Incident System (CIS) report related to this incident.

The Falls Lead stated that the home had not submitted a CIS report as when the resident returned to the home they were back to their baseline so they did not think they needed to submit a CIS.

Sources:

Search of the CIS system, a resident's clinical record and interview with the falls lead.

[670]

COMPLIANCE ORDER CO #001 Operation of Home - Director of Nursing and Personal Care

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 77 (2)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee must be compliant with s. 77 (2) of the FLTCA.

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Specifically, the home must ensure:

- a) the Director of Nursing and Personal Care is a Registered Nurse with the College of Nurses of Ontario.
- b) provide official notification to the Ministry of Long-Term Care of the name of the Director of Nursing and Personal Care by email, attention Terri Daly to the London District office at LondonDISTRICT.MLTC@ontario.ca
- c) provide communication to staff, families and external stakeholders through emails and memorandums that identify the above person as the Director of Nursing and Personal Care. This includes signage throughout the home including but not limited to office space occupied by the Director of Nursing and Personal Care, personal identification, websites, newsletter, and any other documents or information related to the home to provide clear identification of who the Director of Nursing and Personal Care is.

Grounds

The licensee had failed to ensure that the Director of Nursing and Personal Care position is held by a Registered Nurse.

Summary and Rationale:

During a staff interview the Director of Nursing and Personal Care was referred to as a Registered Practical Nurse (RPN).

The College of Nurses of Ontario website indicated that the home's Director of Nursing and Personal Care was noted to be registered as a Registered Practical Nurse (RPN).

During an interview with the Director of Human Resources they verified that the acting Director of Nursing and Personal Care was an RPN.

During an interview with the Acting Director of Nursing and Personal Care they indicated that they are registered as an RPN but that they are currently enrolled in the Registered Nurse (RN) program.

The Director of Human Resources acknowledged that they were aware that the Director of Nursing and Personal Care must be a Registered Nurse (RN).

Sources:

Interviews with staff, College of Nurses of Ontario registry, staff personnel file.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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[115]

This order must be complied with by July 7, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.