

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

Public Report

Report Issue Date: February 20, 2025

Inspection Number: 2025-1308-0001

Inspection Type:

Critical Incident

Licensee: LaPointe-Fisher Nursing Home, Limited

Long Term Care Home and City: Fairfield Park, Wallaceburg

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 11, 12, 13, 14, 18, 20, 2025

The following intake(s) were inspected:

- Intake: #00137579 -IL-0135956-AH/2823-000006-25/2823-000008-25 - related to the fall of a resident
- Intake: #00137597 -2823-000007-25 - related to the fall of a resident
- Intake: #00138859 - 2823-000011-25 - related to Infection Prevention and Control

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

Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

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Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,

The licensee failed to ensure that the home's front door leading to an outdoor area accessible by residents, was secure.

The home's front entrance door was found unlocked. Staff were notified and they immediately reset the home's access control system, which reactivated the door's mag locks, securing the door.

Sources:

Observations and interviews.

Date Remedy Implemented: February 11, 2025

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**WRITTEN NOTIFICATION: Non-compliance with: O. Reg 246/22,
s. 102 (2) (b)**

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes was implemented. The IPAC Standard required under section 10.2 that the hand hygiene program was to include hand hygiene support for residents, specifically (c) assistance to residents to perform hand hygiene before meals.

In observations of meal service, it was noted that residents were not provided assistance or supported to perform hand hygiene before their meal.

Staff members were aware of the home's policy to provide hand hygiene to resident's prior to meals, however, it is acknowledged by staff members that this practice was not regularly being completed.

Sources: observations, the home's hand hygiene policy, the home's line list, interviews.