

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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
Nov 26, 2021	2021_792659_0023	013055-21, 014065- 21, 016114-21	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

LaPointe-Fisher Nursing Home
271 Metcalfe Street Guelph ON N1E 4Y8

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

JANETM EVANS (659), ROMELA VILLASPIR (653)

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): November 15, 16, 17, 18, 19 and 22, 2021.

The following intakes were completed for this inspection:

Log #013055-21 related to a resident fall with injury

Log #016114-21 related to a resident fall with injury

Log #014065-21 regarding infection prevention and control practices (IPAC)

This inspection was completed concurrently with complaint inspection #2021_792659_0024

During the course of the inspection, the inspector(s) spoke with the Director of Nursing (DON), Physiotherapist, a Registered Nurses (RNs), Registered Practical Nurses (RPNs), Restorative care/IPAC auditor, Personal Support Workers (PSWs), screeners, a housekeeper and residents.

Observations were completed of dining, IPAC procedures, staff to resident interactions and general care and cleanliness of the home. Review of documentation was completed, including but not limited to plans of care, progress notes, fall incidents, assessments, relevant policies and an action plan.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (4)	CO #001	2021_738753_0015	659

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised, (a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).

(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :

1. The licensee failed to ensure that when care set out in the plan of care was not effective, different approaches had been considered in the revision of a resident's plan of care, when they were reassessed.

A resident was at high risk for falls and had and had a number of falls in a three month period in 2021, with the last fall resulting in an injury.

Despite ongoing falls there were no changes made to the plan of care when interventions were not effective.

Failure to consider different approaches in the revision of the resident's plan of care related to falls prevention, resulted in further falls and injury to the resident.

Sources: CIS #2358-000010-21, resident's clinical health records, Falls Prevention and Management Program Nursing Manual effective April 1, 2019; Interviews with staff and the DON [s. 6. (11) (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 different approaches are considered in the revision of residents' plans of care when they are reassessed, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) 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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any procedure instituted or otherwise put in place is complied with. Specifically the licensee failed to ensure that the home's Head Injury Routine (HIR) procedure was complied with for two residents.

O. Reg. 79/10, s. 30 (2) said: The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

O. Reg. 79/10, s. 49. (1) states: The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. The home's procedure for Head Injury Routine (HIR), dated April 1, 2019, documented the reassessment instrument and monitoring for a resident post an unwitnessed fall or

witnessed fall with a head injury.

Staff did not comply with the home's procedure for "Head Injury Routine -Section H", effective date: April 1, 2019, which was part of the monitoring of residents.

The homes HIR procedure provided for what instances a head injury routine should be completed, and included the intervals for vital signs and neurological monitoring.

a) A resident had two falls in two days. The registered staff did not complete the vital signs and neurological monitoring under the Head Injury Routine (HIR) assessment for both falls, at the required intervals.

Sources: CIS #2358-000010-21, resident's clinical health records, Head Injury Routine Nursing Manual effective April 1, 2019; Interviews with staff, and the DON.

b) A resident was at high risk for falls and was under the red leaf fall program. They had an unwitnessed fall resulting in an injury and they were sent to the hospital for assessment. Upon their return to the home the post-fall vital signs and neurological monitoring under the HIR assessment were resumed, however, some registered staff did not complete them at the required intervals.

The DON acknowledged that staff had not completed the HIR as per the home's procedure.

Sources: CIS #2358-000010-21, clinical health records, Head Injury Routine Nursing Manual effective April 1, 2019; Interviews with staff and the DON. [s. 8. (1)]

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 all staff follow the home's procedure for Head injury routine - including completion of the neurological assessment of the resident within the documented timeframes and documentation of the neurological assessment and vital signs, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**Specifically failed to comply with the following:**

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when a resident had fallen, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

A resident had an unwitnessed fall. Staff assessed the resident post-fall and documented in the progress notes, however they did not use the Risk Management incident report and post-fall assessment form, as required.

By not using a clinically appropriate assessment instrument that was specifically designed for falls, contributing factors and the nature of the fall were not captured as part of the post-fall assessment. Staff may not be able to determine measures to prevent further falls, and whether a referral to the appropriate interdisciplinary team member would be needed.

Sources: CIS #2358-000010-21, resident's clinical health records, Falls Prevention and Management Program Nursing Manual effective April 1, 2019; Interviews with staff and the DON. [s. 49. (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 a post-fall assessment is completed after a resident falls, using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

Issued on this 16th day of December, 2021

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

Original report signed by the inspector.