



**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 prévue le Loi de 2007 les foyers de soins de longue**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la performance du système de santé  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jul 18, 19, 24, 2012	2012_024137_0043	Complaint

**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**

MARIAN MACDONALD (137)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, RAI Coordinator, one Registered Nurse, three Registered Practical Nurses, four Personal Support Workers, two Nurses' Aides and one Health Care Aide.

During the course of the inspection, the inspector(s) reviewed resident's clinical records, internal incident reports, relevant policies, observed resident and toured resident home area.

L-000728-12

The following Inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**  
 Specifically failed to comply with the following subsections:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (a) the planned care for the resident;
  - (b) the goals the care is intended to achieve; and
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

**Findings/Faits saillants :**

For an identified resident, there is documented evidence that the plan of care did not include all pertinent resident care information so that it gives clear direction to staff.  
 This was confirmed by the Administrator and Registered Practical Nurse.

[LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)]

**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 plan of care includes all pertinent resident care information so that it gives clear direction to staff, to be implemented voluntarily.*

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**  
 Specifically failed to comply with the following subsections:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
  - (b) is on at all times;
  - (c) allows calls to be cancelled only at the point of activation;
  - (d) is available at each bed, toilet, bath and shower location used by residents;
  - (e) is available in every area accessible by residents;
  - (f) clearly indicates when activated where the signal is coming from; and
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

**Findings/Faits saillants :**

An identified resident was observed watching television in the lounge, with five other residents present, and no staff in attendance. The lounge is not equipped with a resident-staff communication response system that can be easily seen, accessed and used by residents, staff and visitors at all times. This was confirmed by the Administrator and two Personal Support Workers.

[O. Reg. 79/10, s.17(1)(a)(e)]

**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 all home areas, accessible to residents, are equipped with a resident-staff communication response system that can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**

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

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

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**Findings/Faits saillants :**

There is no documented evidence on the plan of care, of an identified resident, that indicates sleep patterns and preferences and that both side rails are to be up and the call bell placed within reach, while resident is in bed. This was confirmed by the Administrator.

[O. Reg. 79/10, s.26(3)21]



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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 the plan of care identifies resident's sleep patterns and preferences, as well as bed time safety interventions, to be implemented voluntarily.*

**WN #4: 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 subsections:**

**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**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

For an identified resident, there were documented incidents where bruising was noted but there were no incident reports completed and family was not notified.

The Administrator confirmed that the home's policy, Incident Reports - Resident Page 3.1, was not complied with.

[O. Reg. 79/10, s.8(1)(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 the home's policies are complied with, to be implemented voluntarily.*

Issued on this 24th day of July, 2012

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

*Francis C. McDonald*