



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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| Report Date(s) /<br>Date(s) du Rapport | Inspection No /<br>No de l'inspection | Log # /<br>Registre no | Type of Inspection /<br>Genre d'inspection |
|--|---------------------------------------|------------------------|--|
| Feb 14, 2013                           | 2013_170203_0007                      | L-000018-13            | 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**

CARMEN PRIESTER (203)

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

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

This inspection was conducted on the following date(s): Feb 7, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, 5 Personal Support Workers, 2 Registered Staff, 7 residents and 1 family member.

During the course of the inspection, the inspector(s) reviewed clinical records, toured resident care areas, observed resident care and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping



Infection Prevention and Control  
Personal Support Services

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>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</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 O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**



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Shared bathrooms in five identified rooms had unlabeled combs, brushes and toothbrushes.

All of the identified bathrooms had toileting equipment on the floor that were unlabeled, some of which were visibly soiled.

All bathrooms in the toured areas have toilet plungers, some visibly soiled, sitting on the bare floor.[s. 229. (4)]

Director of Care and a Registered Practical Nurse confirmed that it was the expectation of the Home that all personal items are to be labeled with the residents name. [s. 229. (4)]

***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 participate in the implementation of the infection control program specifically related to the labeling of personal items and the storage/cleaning of toileting equipment, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) 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. 30 (2).**

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**Findings/Faits saillants :**



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A review of resident records revealed that baths were not consistently documented. Three out of three resident records reviewed, revealed that, baths were not documented at least 8/12 times or 66% of the time

There was no documentation to support the resident's refusal to bathe.

Director of Care confirmed that the expectation is that residents are bathed twice a week unless they request otherwise. These baths would be documented in the flow sheet for the resident. [s. 30. (2)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care**

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

**s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).**

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**Findings/Faits saillants :**

Two identified resident's were observed to have long fingernails with debris accumulated under the nail.

A staff member confirmed that it was the expectation that residents have their nails cleaned and cut on their bath day. [s. 35. (2)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping**

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

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**  
**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

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**Findings/Faits saillants :**



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A resident home area was observed to have lingering urine odors.  
One resident bathroom was observed to have stained flooring and 7 other resident  
bathrooms had a strong lingering odor of urine smelled of urine. [s. 87. (2) (d)]

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Issued on this 14th day of February, 2013

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

A handwritten signature in cursive script that reads "James Prust".