Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 1, 2010	2010-115-2823-01Sep103807	CIS 2823-000031-10 L-00882

Licensee/Titulaire
Lapointe-Fisher Nursing Home Ltd.
1934 Dufferin Ave.
Wallaceburg, ON
N8A 4M2

Long-Term Care Home/Foyer de soins de longue durée
Fairfield Park
1934 Dufferin Ave.
Wallaceburg, ON
N8A 4M2

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly #115
Sandra Fysh #190

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspector(s) spoke with: Administrator, Director of Care, 1 RN, RAI Coordinator, 1 RPN, 3 PSW's.

During the course of the inspection, the inspector(s): toured the home area and resident rooms, reviewed CI report and clinical records for 2 residents.

The following Inspection Protocols were used in part or in whole during this inspection:
Responsive Behaviours

☐ There are no findings of Non-Compliance as a result of this inspection.

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(1) (c)
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings:
The most recent plan of care which is indicated as the one on the computer does not match the plan of care in the chart. The staff also indicated that they do not access the plan of care in the computer, but do access the plan of care on the chart. Therefore the plan of care is not current and does not provide clear directions to staff.

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WN #2: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6(8)
The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings:
Information in the plan of care was found incomplete and the staff indicate that they do not access the plan of care in the computer at this time and so do not have access to the most recent plan of care.

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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, relative to staff access to the plan of care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10 s.53,(1) 1 **Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:** **1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.**
Findings: The plan of care found in RAI MDS on the computer, is not complete. I.e. there are identified interventions, and behavioural triggers however individual and specific interventions were not always included.

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Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Terri Daly
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). September 20, 2010