



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

**Rapport d'inspection  
prévus 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

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

Bureau régional de services de London  
291, rue King, 4<sup>ième</sup> étage  
London ON N6B 1R8

**Ministère de la Santé et des Soins de  
longue durée**

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

Telephone: 519-675-7680  
Facsimile: 519-675-7685

Téléphone: 519-675-7680  
Télécopieur: 519-675-7685



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| Date(s) of inspection/Date de l'inspection | Inspection No/ d'inspection | Type of Inspection/Genre d'inspection |
|--------------------------------------------|-----------------------------|---------------------------------------|
| October 14, 2010                           | 2010_115_2823_14Oct110813   | Critical Incident L-01150             |

**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

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, 1 RN, 3 PSW's, 2 residents.

During the course of the inspection, the inspector: reviewed the clinical records of 2 residents and the critical incident report.

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

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



Ministry of Health and  
Long-Term Care

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des Soins de longue durée

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Rapport  
d'inspection prévue  
le *Loi de 2007 les  
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|-------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné |       | Signature of Health System Accountability and Performance Division<br>representative/Signature du (de la) représentant(e) de la Division de la<br>responsabilisation et de la performance du système de santé.<br><br> |  |
| Title:                                                                                                | Date: | Date of Report: (if different from date(s) of inspection).<br><br>October 28, 2010                                                                                                                                                                                                                       |  |