



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

**Rapport d'inspection
prevue 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

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**Ministère de la Santé et des Soins de
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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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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
June 10, 2011	2011-159120-011	H-001255 Follow – up to August 12, 2010
Licensee/Titulaire		
Retirement Home Specialists Incorporated, 120 Conception Bay Highway, Suite 110, Villa Nova Plaza, Conception Bay South, NL, A1W 3A6		
Long-Term Care Home/Foyer de soins de longue durée		
Morrison Park Nursing Home, 7363 Calfass Rd., RR#2, Puslinch, ON N0B 2J0		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Bernadette Susnik, Environmental Health #120		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this visit was to conduct a follow-up inspection to previously issued non-compliance related to designated cooling areas. On August 12, 2010, a Written Notification and Voluntary Plan of Correction was issued for s. 20(2).</p> <p>During the course of the inspection, the inspector spoke with the administrator. The inspector also reviewed the designated cooling areas which consisted of two sitting areas, the dining area and the hair salon. Each area had a functioning air conditioner in the window.</p> <p>The following Inspection Protocol was used during this inspection:</p> <ul style="list-style-type: none"> • Safe and Secure Home <p>No findings of Non-Compliance were found during this inspection.</p> <p>Corrected Non-Compliance is listed in the section titled "Corrected Non-Compliance" on page 2.</p>		




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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s. 20(2)	WN, VPC		2010-176-2727-12Aug143411/H-00644	120

Signature of Licensee of Designated Representative 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.		
				
Title:	Date:	Date of Report : (if different from date(s) of inspection).		
		<i>June 23/11</i>		