



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 16, 2016	2016_258519_0021	029183-16	Resident Quality Inspection

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**Licensee/Titulaire de permis**

RETIREMENT HOME SPECIALISTS INCORPORATED  
120 Conception Bay Highway Suite 110, Villa Nova Plaza Conception Bay South ON  
A1W 3A6

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**Long-Term Care Home/Foyer de soins de longue durée**

MORRISTON PARK NURSING HOME  
7363 CALFASS ROAD R. R. #2 PUSLINCH ON N0B 2J0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SHERRI GROULX (519), ADAM CANN (634)

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

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): December 6, 7, 8, 12, 13, 2016**

**During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care, the Continuous Quality Improvement Manager, the Activities Manager, the Maintenance Manager, a Registered Nurse, a Practical Nursing Student, a Personal Support Worker, a Housekeeper, the Residents' Council representative, residents and families.**

**The inspectors toured the home, observed medication passes, medication storage area and care provided to residents, reviewed medication records and plans of care for specified residents, observed recreational programming, staff interactions with residents and general maintenance and cleanliness of the home.**

**The following Inspection Protocols were used during this inspection:**

**Contenance Care and Bowel Management**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Pain**

**Residents' Council**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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 O.Reg 79/10, s. 9. Doors in a home**



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

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**  
**i. kept closed and locked,**  
**ii. equipped with a door access control system that is kept on at all times, and**  
**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**  
**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

**O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and that those doors were kept closed and locked when they were not being supervised by staff.

During the initial tour of the home of the Resident Quality Inspection (RQI), the door to the soiled utility room was found to be unlocked. The door had a lock on the handle but the door was unlocked and able to be opened by the inspector. The soiled utility room had multiple chemicals in an unlocked cabinet underneath the sink. The cabinet had a sign posted on the front of it stating that it was to be locked at all times.

An interview was conducted with the Continuous Quality Improvement (CQI) Manager who stated that residents were not to be in the soiled utility room without staff supervision. She stated that the cabinet door under the sink should have been locked but confirmed it was not.

During the initial tour of the home of the Resident Quality Inspection (RQI), a door leading to the tub room was found to be unlocked. The door was not equipped with a lock on the handle.

An interview was conducted with the Maintenance Manager, who stated that the door was never locked but residents were not to be left unsupervised while in the tub room.

An interview was conducted with a Housekeeper, who stated that the door was never locked but residents were not to be left alone in the tub room.

The licensee failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and that those doors were kept closed and locked when they were not being supervised by staff.

[s. 9. (1)]



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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 that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access to those areas by residents, and those doors are kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.***

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Issued on this 16th day of December, 2016

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

**Original report signed by the inspector.**