

# 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

# 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 Hamilton Service Area Office 119 King Street West, 11<sup>th</sup> Floor Hamilton, ON L8P 4Y7

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	Licensee Copy/Copie du Titulaire			
Date(s) of inspection/Date de	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection		
l'inspection	2010-176-2727-12Aug143411	Complaint – H00644		
August 12, 2010	2010 170 2727 12/kg 140411	Companie 7100044		
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				
Morriston Park Nursing Home, 7363 Calfass Rd., RR#2, Puslinch, ON N0B 2J0				
Name of Inspector(s)/Nom de l'inspecteur(s)				
Bernadette Susnik, Environmental Inspector				
Inspection Summary/Sommaire d'inspection				
The purpose of this inspection was to conduct a complaint inspection.				
During the course of the inspection, the inspector spoke with the administrator, charge nurse and residents.				
During the course of the inspection, the inspector took temperature readings of the common areas and some of the resident rooms.				
The following Inspection Protocols were used this inspection: Safe & Secure Home.				
Findings of Non-Compliance were found during this inspection. The following action was taken:				
1 WN 1 VPC				
1 11 0				



#### Ministry of Health and Long-Term Care

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

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#### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

WN - Written Notifications/Avis écrit

VPC — Voluntary Plan of Correction/Plan de redressement volontaire
DR — Director Referral/Régisseur envoye

CO — Compliance Order/Ordres de conformité

WAO - Work and Activity Order/Ordres: travaux et activitiés

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'ecrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue dureé.

Non-respect avec les exigences sur le Loi de 2007 les foyers de soins de longue dureé à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with O.Reg. 79/10, s.20(2).

The licensee shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents.

#### Findings:

1. The long-term care home does not have central air conditioning and does not have a separate designated cooling area for the residents. The air temperature and humidity levels in the home were recorded to be approximately equal to that of the outdoor air temperature and humidity which were 26C and 64% respectively.

Inspector ID #: 120

### **Additional Required Actions:**

**VPC** - pursuant to the LTC Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achielving compliance with s. 20(2) in respect to ensuring residents have access to a designated cooling area. The plan is to be implemented voluntarily.

Required Compliance Date: Immediately

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.
		S. Susak
Title:	Date:	Date of Report :(if different from date(s) of inspection).
		Aug. 17/11