



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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**  
**Division des foyers de soins de  
longue durée**  
**Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
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**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 12, 2017	2017_589641_0016	009567-17	Resident Quality Inspection

**Licensee/Titulaire de permis**

County of Lennox and Addington  
97 Thomas Street East NAPANEE ON K7R 4B9

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

THE JOHN M. PARROTT CENTRE  
309 BRIDGE STREET WEST NAPANEE ON K7R 2G4

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

CATHI KERR (641), DARLENE MURPHY (103)

**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): June 6, 7, 8, 9, and 12, 2017**

**This inspection was conducted as a Resident Quality Inspection. The following logs were inspected during this inspection: Log #008640-17 related to alleged resident to resident abuse and Log #008411-17 related to a fall resulting in a fracture.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Practical Nurses, Personal Support Workers, the Resident Council President, Family Council President, residents and residents' family members.**

**Inspectors conducted a full tour of the home, observed resident rooms and common areas, observed resident care and reviewed resident health care records, reviewed the skin and wound program and the home's medication administration process, reviewed infection control practices and reviewed the minutes of the resident council and family council.**

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

**Continence Care and Bowel Management**

**Dignity, Choice and Privacy**

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Prevention of Abuse, Neglect and Retaliation**

**Residents' Council**

**Skin and Wound Care**



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**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)  
0 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).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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).  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**Issued on this 12th day of June, 2017**

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

**Original report signed by the inspector.**