



Ministry of Long-Term Care Long-Term Care Operations Division Long-Term Care Inspections Branch Ottawa Service Area Office 347 Preston Street, Suite 420 Ottawa ON K1S 3J4 Telephone: 1-877-779-5559 OttawaSAO.moh@ontario.ca

Original Public Report

Report Issue Date	July 12, 2022		
Inspection Number	2022_1620_0002		
Inspection Type			
□ Critical Incident System □ Critical Incident Sy	em □ Complaint	☐ Follow-Up	☐ Director Order Follow-up
☐ Proactive Inspection	□ SAO Initiated		☐ Post-occupancy
☐ Other			_
Licensee County of Lennox and Addington 97 Thomas Street East, Napanee, ON K7R 4B9			
Long-Term Care Home and City The John M Parrott Centre Napanee, ON			
Lead Inspector Darlene Murphy (103)			Inspector Digital Signature
Additional Inspector(s) Inspectors #740804 (Erica Mc Fadyen) and #740790 (Polly Gray-Pattemore) were also present during this inspection.			

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 20, 22, 23, 27-29, July 4-7, 2022.

The following intake(s) were inspected:

 Log #010185-22 (CIS #M625-000023-22), Log #010369-22 (CIS #M625-000024-22), Log #010870-22 (CIS #M625-000025-22) and Log #011790-22 (CIS #M625-000026-22)-related to resident falls.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Safe and Secure Home



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INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were no findings of non-compliance.

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#01 remedied pursuant to FLTCA, 2021, s. 154(2)

- O. Reg. 246/22 12. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
- 3. 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.

Rational and Summary:

On June 20, 2022, during the initial tour of the home, door C105 (dirty utility room on Rose Garden resident unit) was found to be unlocked and there were no staff in the area at the time.

The ADOC was advised and confirmed this door should be locked. On June 21, 2022, the inspector was informed the lock on the door had been repaired. Upon follow up by the inspector, the door was found to be locked.

Sources: Observation of room C105 and Interview with ADOC.

Date Remedy Implemented: June 21, 2022 (103)