



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**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>
Apr 25, 2013	2013_179103_0018	O-001891- 12	Critical Incident System

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**Licensee/Titulaire de permis**

COUNTY OF LENNOX AND ADDINGTON  
97 Thomas Street East, NAPANEE, ON, K7R-4B9

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

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

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

DARLENE MURPHY (103)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 24-25, 2013**

**During the course of the inspection, the inspector(s) spoke with Personal support workers (PSW), Registered Practical Nurses (RPN), the RAI coordinator and the Assistant Manager of Nursing Services.**

**During the course of the inspection, the inspector(s) made resident observations, reviewed resident health care records and reviewed the home's policy on fall prevention.**

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

**Findings of Non-Compliance were found during this inspection.**

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Legendé**

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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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.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



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1. The licensee has failed to comply with LTCHA, 2007 s. 6 (7) whereby the care set out in the plan of care for a resident was not provided as specified in the plan.

Resident #1 is cognitively impaired and has been assessed as being a high risk for falls. On an identified date, Resident #1 was found partially on the fall mat on the floor beside the bed and was assessed as having no injuries. At the time of the incident, staff noted there was no bed alarm on the bed. An alarm was applied at that time.

On another identified date, a PSW removed Resident #1's rear fastening seat belt and transferred the resident into a chair in the lounge. The PSW failed to reapply the seat belt, left the resident unattended and a short time later, Resident #1 fell and sustained a fractured pelvis.

The RAP assessment and the resident care plan in effect at the time of the two incidents included the following interventions to decrease falls and ensure resident safety:

- rear fastening seat belt when up in wheelchair,
- monitor every two hours during the night,
- bed alarm on bed,
- blue mat on floor by bed and
- bed in lowest position.

The staff failed to provide care to Resident #1 as specified in the plan of care and the resident sustained injuries as a result. [s. 6. (7)]

***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 all staff provide the fall prevention interventions for Resident #1 in accordance with the plan of care at all times, to be implemented voluntarily.***

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Issued on this 25th day of April, 2013

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

*Doreen Murphy*