



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

Rapport d'inspection prévue 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

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^{ème} étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 20, 2011	2011_103_2790_20Jan085232	Complaint Log #O-002444
Licensee/Titulaire Specialty Care East Inc. 400 Applewood Crescent, Suite 110, Vaughan, ON L4K 0C3 Fax: 905-695-2940		
Long-Term Care Home/Foyer de soins de longue durée Trillium Centre, 800 Edgar Street, Kingston ON K7M 8S4		
Name of Inspector(s)/Nom de l'inspecteur(s) Darlene Murphy (#103)		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to medication and treatment.		
During the course of the inspection, the inspector spoke with the Director of Care.		
During the course of the inspection, the inspector reviewed one resident health care record.		
The following Inspection Protocol was used during this inspection:		
Resident Charges Protocol		
There are no findings of Non-Compliance as a result of this inspection.		



**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 prévue
le *Loi de 2007 les
foyers de soins de
longue durée***

Signature of Licensee or Representative of Licensee 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.
Title:	Date:

Jan 28/11 Darlene Murphy

Date of Report: (if different from date(s) of inspection).