



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

**Rapport d'inspection
prévus 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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

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

Division de la responsabilisation et de la performance du
système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 19, 2011	2011_103_2790_19Jan113531	Follow up Log # O-000134

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 follow up inspection to ensure corrected compliance with Orders # 1, 2, and 3 faxed to licensee on September 22, 2010.

During the course of the inspection, the inspector spoke with the Director of Care and the Administrator.

During the course of the inspection, the inspector reviewed 3 Mandatory Reports submitted by the home.

The following Inspection Protocol was used during this inspection:

Prevention of Abuse, Neglect and Retaliation

There are no findings of Non-Compliance as a result of this inspection.

Findings of Non-Compliance were found during this inspection. The following action was taken:

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

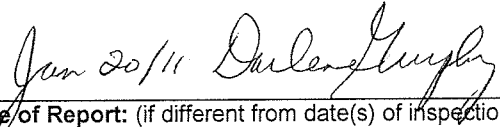


Ministry of Health and
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Ministère de la Santé et
des Soins de longue durée

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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007 c. 8, s.24(1)	Compliance Order	#1	2010_124_2790_30Aug120009 2010_143_2790_01Sep132618	103
O. Reg 79/10 s.98	Compliance Order	#2	2010_124_2790_30Aug120009 2010_143_2790_01Sep132618	103
O. Reg. 79/10 s.97(1)	Compliance Order	#3	2010_124_2790_30Aug120009 2010_143_2790_01Sep132618	103

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