



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

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

**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**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>
Oct 19, 2016	2016_505103_0041	011678-16, 013352-16, 017145-16, 018513-16, 019790-16, 022188-16, 022957-16, 026237-16, 029395-16	Complaint

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**Licensee/Titulaire de permis**

The Royale Development GP Corporation as general partner of The Royale  
Development LP  
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8

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

Trillium Retirement and Care Community  
800 EDGAR STREET KINGSTON ON K7M 8S4

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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 Complaint inspection.**

**This inspection was conducted on the following date(s): October 12-13, 17-18, 2016**

**The following intakes were included in this inspection: Log #011678-16 (refusal of admission application), #013352-16 (resident bathing), 017145-16 (missing resident), 018513-16 (critical incident associated with Log # 017145-16), 019790-16 (refusal of admission application), 022188-16 (resident care related issues), 022957-16 (resident care related issues), 026237-16 (family complaint letter), 029395-16 (resident care related issues).**

**During the course of the inspection, the inspector(s) spoke with residents, Personal support workers (PSW), Registered Practical Nurses (RPN), Maintenance worker, Director of Care (DOC) and the Administrator.**

**During the course of the inspection, the inspector conducted a full walking tour of Garden, Orchard, Lake and Cottage houses, made resident observations and reviewed resident health care records and the home's "Search for Missing Resident" policy #XV-A-10.90.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Responsive Behaviours  
Safe and Secure Home**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home  
Specifically failed to comply with the following:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**2. 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. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**Findings/Faits saillants :**



1. The following finding relates to Log #017145-16:

The licensee has failed to ensure all doors leading to non-residential areas were locked when not supervised by staff.

Resident #001's health care record was reviewed and indicated they resided on an identified unit and had identified diagnoses. On an identified date, staff were unable to locate the resident and initiated a search. Staff recalled having seen the resident approximately thirty minutes earlier.

Resident #001 was found approximately thirty minutes later inside a locked electrical room. The resident was assessed and sustained injuries as a result of the incident.

The electrical door was observed by this inspector to be a steel door equipped with an automatic locking mechanism. Several checks of the door was made during the inspection and the door was found to be closed and locked with each check.

Maintenance #100 was interviewed and indicated the room is not routinely entered by nursing staff. The home determined the room had been last accessed approximately four hours prior to the resident's disappearance. #100 indicated many tests were done on the door following the incident and no failures were found with the locking mechanism. #100 indicated it was determined that something may have become lodged in the door which prevented it from closing and locking.

The DOC was interviewed and indicated staff on the identified unit are not required to routinely check the doors to ensure they are closed and locked. [s. 9. (1) 2.]

***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 doors leading to non-residential areas are locked when not supervised by staff, to be implemented voluntarily.***



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**Issued on this 19th day of October, 2016**

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

**Original report signed by the inspector.**