



**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 prévue
le Loi de 2007 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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jan 24, 2017;	2016_505103_0056 (A1)	030539-16	Follow up

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

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

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

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

DARLENE MURPHY (103) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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The compliance date has been changed to February 28, 2017 in response to the home's request for an extension.

Issued on this 24 day of January 2017 (A1)

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

Original report signed by the inspector.



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The purpose of this inspection was to conduct a Follow up inspection.

**This inspection was conducted on the following date(s): November 29-30,
December 1-2, 2016.**

**During the course of the inspection, the inspector(s) spoke with Registered
Practical Nurses, Maintenance workers, the Assistant Director of Care, the
Director of Care and a Clinical Care partner from Head office.**

**During the course of this inspection, the inspector conducted a walking tour of
the Court and Ridge buildings related specifically to windows, and reviewed the
home's actions taken in response to the compliance order related to windows.**

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Safe and Secure Home

Sufficient Staffing

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

2 WN(s)

0 VPC(s)

1 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. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.



Inspector #103 conducted a follow up inspection beginning on November 29, 2016 to assess the home's compliance with a previously issued compliance order related to resident accessible windows that open to the outside of the home. The compliance order had been issued in response to two separate incidents of resident elopement and had a compliance date of November 25, 2016. During a walking tour of the Garden unit, which is a secured resident area, this inspector noted that the window cranks had been removed to prevent resident elopement through the windows. During the tour of this unit, room #111 was observed to have a window that was opened approximately ten centimeters and room #112 had no screen.

RPN #100 was working on the Garden unit and was interviewed. She indicated the staff had received direction from management to remove all window cranks and to keep them at the nursing desk. RPN #100 stated a memo had also been posted on the entrance door to the unit to advise the family members of the home's actions. The RPN indicated the window crank could be requested to open the windows if required and that the staff would then monitor those windows every thirty minutes for elopement until the window was closed again. RPN #100 was aware of the open window in room #111 and stated she would be closing it shortly.

The inspector proceeded to complete a walking tour of the remaining resident home areas in both the Court and the Ridge buildings. The windows were noted to be of the same crank open style and the cranks for the most part were found to be in place. The inspector tested a random selection of windows and found the windows had the same issues as those identified in the previously issued compliance order whereby the rivot could be depressed which released the restrictor arm and allowed the window to be opened fully beyond the allowable fifteen centimeters.

Maintenance worker #101 was interviewed in regards to the home's actions in addressing the non compliance related to windows. #101 indicated a total of fifteen to twenty screens still needed to be installed home wide. #101 also indicated no actions had been taken by the home to address the remaining resident areas although the remainder of the home had the same type/style of windows. The previously issued compliance order included ensuring a home wide audit of all resident accessible windows was completed and to ensure all resident accessible windows that open to the outside of the home had screens and could not be opened more than 15 centimeters.



The Director of Care was interviewed and indicated the previous Acting Administrator had been working with maintenance in regards to the compliance order. The Acting Administrator had completed her contract effective November 25, 2016 and was unavailable for interview. The DOC confirmed a home wide audit had not been completed as ordered and no actions had been taken in respect to ensuring the resident accessible windows did not open more than 15 centimeters on any of the home areas other than the Garden unit. The DOC indicated it was her understanding only the Garden unit windows needed to be addressed as this is where the elopements had occurred. The DOC agreed, however, that it would be important for all resident accessible windows opening to the outside of the home be in compliance with the legislated requirements.

The decision to re-issue this non compliance was based on the following: The severity was assessed as potential harm to residents. The scope was assessed as widespread as all resident home areas (except the Garden unit) were not assessed. The home failed to comply with the order issued on October 19, 2016 whereby a home wide audit was not completed and the home failed to ensure all resident accessible windows that opened to the outside of the home had screens and could not be opened more than 15 centimeters prior to the compliance date of November 25, 2016. [s. 16.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 001

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 212.
Administrator**



Specifically failed to comply with the following:

s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure the home's Administrator worked regularly in that position on site for the legislated required amount of time .

Trillium Retirement and Care Community has a licensed bed capacity of 186 beds. O. Reg 79/10, s. 212 (2) 1 specifies, in a home with a licensed bed capacity of 100 beds or more, the Administrator must work on site at least 35 hours per week. Additionally, O. Reg 79/10, s. 212 (4) specifies the Administrator's qualifications must include the following:

- (a) have a post-secondary degree from a program that is a minimum of three years in duration, or a post secondary diploma in health or social services from a program that is a minimum of two years in duration,
- (b) have at least 3 years working experience,
 - i. in a managerial or supervisory capacity in the health or social services sector,
 - or
 - ii. in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d);
- (c) have demonstrated leadership and communication skills, and
- (d) have successfully completed or be enrolled in a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

During a follow up inspection, this inspector noted the home did not have an onsite Administrator. The DOC was interviewed and indicated the previous Acting Administrator's contract had ended effective November 25, 2016. The DOC stated the home had been interviewing for the position.

The Clinical Care partner from head office, #104, was interviewed and indicated the home had successfully hired a new Administrator who would be starting on December 19, 2016. In the interim, #104 stated coverage would be provided by head office representatives. This inspector inquired if the qualifications of the interim covering representatives met the legislated qualifications as outlined above and #104 indicated they did not. [s. 212. (1)]



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

Original report signed by the inspector.



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DARLENE MURPHY (103) - (A1)

Inspection No. /

No de l'inspection : 2016_505103_0056 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 030539-16 (A1)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jan 24, 2017;(A1)

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

LTC Home /

Foyer de SLD : Trillium Retirement and Care Community
800 EDGAR STREET, KINGSTON, ON, K7M-8S4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Bonnie George



Order(s) of the Inspector

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O. 2007, chap. 8

To The Royale Development GP Corporation as general partner of The Royale Development LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
Linked to Existing Order / Lien vers ordre existant:	2016_505103_0040, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Order / Ordre :

The licensee is hereby ordered to:

- complete and document a home wide audit of all resident accessible windows that open to the outside of the home,
- ensure all resident accessible windows that open to the outside of the home have screens and cannot be opened more than 15 centimeters.

Grounds / Motifs :

1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

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The decision to re-issue this non compliance was based on the following:
The severity was assessed as potential harm to residents. The scope was assessed as widespread as all resident home areas (except the Garden unit) were not assessed. The home failed to comply with the order issued on October 19, 2016 whereby a home wide audit was not completed and the home failed to ensure all resident accessible windows that opened to the outside of the home had screens and could not be opened more than 15 centimeters prior to the compliance date of November 25, 2016.

(103)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Feb 28, 2017(A1)



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director



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Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 24 day of January 2017 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

DARLENE MURPHY

**Service Area Office /
Bureau régional de services :**

Ottawa