



**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**

**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 18, 2017	2017_552531_0021	014128-17	Complaint

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

SUSAN DONNAN (531)

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): August 1, 2, 3 and 4, 2017.

**The following log was completed during this inspection:
Log # 014128-17 related to reporting and complaints**

During the course of the inspection, the inspector(s) spoke with a resident, resident's Substitute Decision Maker (SDM), Personal Support Workers (PSW), a Student, the Director of Care and the Administrator.

The inspector reviewed resident health care records, observed resident care and services, reviewed reporting and complaints documentation, and abuse policy and procedure.

**The following Inspection Protocols were used during this inspection:
Reporting and Complaints**

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

2 WN(s)

0 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 LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. 1. The licensee has failed to comply with LTCHA 2007, s. 20. (1) whereby the written



policy to promote zero tolerance of abuse and neglect of residents was not complied with.

As per O. Reg.79/10 s. 2 (1) a verbal abuse is defined as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of belittling or degrading nature which diminishes a resident's sense of well being, dignity or self-worth that is made by anyone other than a resident.

Review of the "Abuse and Neglect Policy: Policy VII-G-10.00

Titled: Prevention of Abuse and Neglect of a resident:

Procedure:

If any employee or volunteer witnesses an incident, or has any knowledge of an incident, that constitutes resident abuse or neglect; all staff are responsible to immediately take these steps:

Step 3) immediately inform the Executive Director, Administrator or Nurse in Charge.

On June 21, 2017 the complainant submitted an anonymous written complaint letter to the home that alleged staff to resident verbal abuse.

The complainant indicated that during her student preceptorship at the home, PSW #102 had been verbally abusive to resident #001 regarding the resident's need to transfer.

On August 4, 2017 during an interview, the complainant indicated she had written a letter of complaint which was submitted to the Assistant Director of Care. The complainant alleged resident #001 was belittled and humiliated by the tone of voice and inappropriate language by PSW #102. The complainant indicated that another PSW #105 was also present at the time of the incident.

During an interview with PSW #105 she indicated that PSW #102 came into the room to assist with the transfer of resident #001, and confirmed that resident #001 was belittled and humiliated by the tone of voice and inappropriate comment directed at the resident. PSW #105 indicated that she did not immediately report the incident to the nurse in charge as per policy.



The Administrator was interviewed and she acknowledged that the home's written policy to promote zero tolerance of abuse and neglect of residents was not complied with because PSW #105 did not immediately report the incident to the nurse in charge. The Administrator confirmed that all staff involved have been re-educated in the abuse policy and immediate reporting. [s. 20. (1)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22.
Licensee to forward complaints**

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that any written complaints that were received concerning the care of a resident or the operation of the home, were immediately forwarded to the Director.

In reference to Log #014128-17

On June 21, 2017 the complainant submitted an anonymous written complaint letter that alleged staff to resident verbal abuse.

The complainant indicated that during her student preceptorship at the nursing home, PSW #102 had been verbally abusive to resident #001.

On August 4, 2017 during an interview, the complainant indicated she had written a letter of complaint which was submitted to the Assistant Director of Care. The complainant alleged resident #001 was belittled and humiliated by the tone of voice and inappropriate comment by PSW #102. The complainant indicated that PSW #105 was also present at the time of the incident.

A review of the Ministry of Health and Long Term Care Homes, critical incident portal and the homes reporting and complaints log indicated the home had not immediately submitted the written complaint letter to the Director.

During an interview with inspector #531, August 4, 2017 the Administrator indicated the home received a letter of complaint related to the alleged staff to resident verbal abuse for resident #001 on a specified date. The Administrator said the complaint was immediately investigated by the home, the author was determined, the information was validated and the incident was resolved. The Administrator also indicated that according to legislation the licensee should have immediately reported the complaint to the Director. [s. 22. (1)]



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Issued on this 18th day of August, 2017

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

Original report signed by the inspector.