

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

**Rapport d'inspection prévue  
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**

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

**Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 8, 2019	2019_505103_0025	015771-19	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**

DARLENE MURPHY (103)

**Inspection Summary/Résumé de l'inspection**

---

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 24-27, 30, October 1-4, 2019.**

**The following intake was inspected:  
Log # 015771-19 (complaint related to resident care).**

**During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), and the Assistant Director of Care (ADOC).**

**During the course of the inspection, the inspector reviewed resident health care records including resident plans of care, progress notes and bathing records and made resident observations.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Personal Support Services**

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

**1 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>Légende</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. 33. Bathing  
Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure resident #001 was bathed twice weekly by the method of their choice.

Resident #001's plan of care related to bathing was reviewed and indicated the following: -resident preference is a bath; requires total assistance from staff for bathing; bath days are Mondays and Fridays.

The resident bathing record was reviewed for an identified period of three months. There was no documentation to reflect baths were completed on three occasions as scheduled during that period of time.

Resident #001 was interviewed and believed there were times when baths were not completed due to staff being too busy. The resident was unable to identify any recent instances when this had occurred.

PSW staff were interviewed and indicated baths are usually provided by the staff member assigned to the resident, but during the summer, bath teams are utilized. PSW staff indicated any missed baths are scheduled for another time/day but were unsure if this happened with the bath team.

ADOC #105 was interviewed and indicated staff are required to document when baths are completed or if a bath was refused or needed to be rescheduled. ADOC #105 stated there was no documentation related to resident #001's scheduled baths for the three identified dates. [s. 33. (1)]

---

**Issued on this 8th day of October, 2019**

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

**Original report signed by the inspector.**