

**Inspection Report under the Long-Term Care Homes Act, 2007****Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**  
**Division des opérations relatives aux soins de longue durée**  
**Inspection de soins de longue durée**

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**Public Copy/Copie du rapport 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>
Feb 9, 2022	2022_505103_0005	001749-22, 001925-22	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): February 2-4, 7, 2022.**

**Log # 001749-22-complaint related to resident care,  
Log # 001925-22 (CIS #2790-000004-22)-critical incident related to continence care  
for this resident.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), a Registered Nurse (RN), the Director of Care (DOC) and the Executive Director (ED).**

**During the course of the inspection, the inspector reviewed the complaint and the critical incident related to the complaint, the home's documented record of complaints, the resident health care record including progress notes and the resident plan of care related to continence and made resident observations related to care.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Reporting and Complaints**

**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)**

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

WN – Written Notification  
 VPC – Voluntary Plan of Correction  
 DR – Director Referral  
 CO – Compliance Order  
 WAO – Work and Activity Order

**Légende**

WN – Avis écrit  
 VPC – Plan de redressement volontaire  
 DR – Aiguillage au directeur  
 CO – Ordre de conformité  
 WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care****Specifically failed to comply with the following:**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee failed to ensure a resident's continence care was provided as outlined in their plan of care.

During one month, a resident did not have brief changes completed on twelve occasions as outlined in their plan of care. An RN stated Personal Support workers (PSW) reported the brief changes were not completed because the resident was either dry or the brief indicator did not signal a brief change. The resident's plan of care related to continence care indicated the resident was to receive brief changes regardless of the level of wetness.

Sources: Interviews with RN, PSW's and the DOC. [s. 6. (7)]

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**Issued on this 10th day of February, 2022**

<b>Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs</b>
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**Original report signed by the inspector.**