



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

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 613-569-5602
Facsimile: 613-569-9670

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

| | | |
|--|---|--|
| Date(s) of inspection/Date de l'inspection October 18 & 19, 2010 | Inspection No/ d'inspection 2010_124_2790_18Oct150640 | Type of Inspection/Genre d'inspection Complaint-O-001417 |
|--|---|--|

Licensee/Titulaire
Specialty Care East Inc., 400 Applewood Crescent, Suite 110, Vaughan, ON L4K 0C3 Fax: 905-695-2940

Long-Term Care Home/Foyer de soins de longue durée
Trillium Centre, 800 Edgar Street, Kingston, ON K7M 8S4 Fax: 613-547-3734

Name of Inspector(s)/Nom de l'inspecteur(s)
Lynda Hamilton (124)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to a resident fall and the home's complaint policy and procedure.

During the course of the inspection, the inspector spoke with the administrator, the Director of Clinical Services and a registered nurse.

During the course of the inspection, the inspector reviewed the resident's health record and reviewed the home's Fall Prevention and Management policy and procedure and their Complaints-Response Guidelines policy and procedure.

The following Inspection Protocols were used during this inspection
Fall Prevention Inspection Protocol
Reporting and Complaints Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN
1 VPC



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8. 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.

Findings:

1. A resident was found on the floor beside his/her bed and the registered nurse documented in the resident's health record that his/her bed was not lowered to the ground. The resident's plan of care stated that the resident had a hi-lo bed and staff were to ensure it was in the lowest position at all times while the resident was in bed. The resident did not receive care as it was specified in his/her plan of care.

Inspector ID #: 124

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 meeting the requirement that care is provided to residents as specified in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6 (10)The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. The attending physician documented that the resident had an infection and the physician prescribed antibiotics. For a number of days, the resident's plan of care was not revised to address the resident's change in condition.

Inspector ID #: 124

WN 3 #: The Licensee has failed to comply with O. Reg. 79/10, s. 8 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,



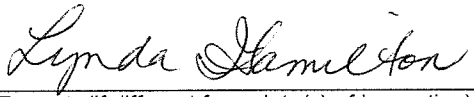
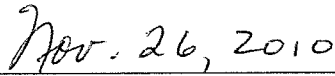
(b) is complied with.

Findings:

1. The home's policy, "Complaints-Response Guidelines", directs the Administrator to advise the MOHLTC Inspector of any written or serious verbal complaint. The Director of Clinical Services confirmed that the MOHLTC was not advised of a written complaint received by the home. The Long Term Care Home's complaint policy was not complied with related to notifying the Ministry of Health and Long Term Care of a written complaint

2. The home's policy "Complaints-Response Guidelines" directs the Administrator to provide a written response to the complainant within 10 business days of receipt to a verbal complaint that is not resolved in 24 hours and to a written complaint. The Director of Clinical Services confirmed that the complainant had not been provided with a written response to his/her letter of complaint. The Long Term Care Home's complaint policy was not complied with related to responding to a complainant in writing.

Inspector ID #: 124

| | |
|--|--|
| [Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné | Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  |
| Title: _____ Date: _____ | Date of Report: (if different from date(s) of inspection).  |