

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

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

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

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## apport d'inspection prevue le *Loi de 2007 les foyers de soins de longue durée*

Bureau régional de services de Ottawa 347, rue Preston, 4iém étage Ottawa ON K1S 3J4

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	Licensee Copy/Copie du Titulaire	Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'insptection		
August 10, 11, 2010	2010_103_2790_09Au g155214	Complaint Log # O-000792		
Licensee/Titulaire	9100214			
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, Ontario K7M 8S4 Fax# 613-547-3734				
Name of Inspector(s)/Nom de l'inspecteur(	s)			
Darlene Murphy (ID#103)				
Inspect	ion Summary/Sommaire d'inspe	ction		
The purpose of this inspection was to conduct a Complaint inspection related to resident behaviors.				
During the course of the inspection, the inspector spoke with: Residents, family members, Registered Nurses, and Personal Support Workers, Assistant Director of Care and the Director of Resident Services				
During the course of the inspection, the inspector also reviewed 2 resident health records.				
<ul> <li>The following Inspection Protocols were used during this inspection:</li> <li>Choice and Privacy Inspection Protocol</li> <li>Responsive Behaviors Inspection Protocol</li> </ul>				
Responsive Behaviors Inspecti				
Findings of Non-Compliance were found during this inspection. The following action was taken:				
3 WN 1 VPC				



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WN #2:	The License	ee has failed to	comply with L	_TCHA, 200	)7, S.O 200	7, <b>c.8 s</b> .6	
(7) The	licensee sha	all ensure that	the care set	out in the	plan of car	e is provided to	the resident as
specifie	ed in the plar	n.					

## Findings:

1. A resident's plan of care indicates the need to be showered every Monday and Friday and all refusals are to be reported to the Registered Practical Nurse on the shift; the resident bathing records indicate the resident received a shower since admission (July 16, 2010) on July 23, August 2 and August 9, 2010; no refusals are documented.

Inspector ID #:	103		

(4)The licensee sha (a) the behavior (b) strategies ar (c) actions are t	al triggers for the resident ar e developed and implemente	ent demonstrating responsive behaviours, re identified, if possible ed to respond to these behaviors, where possible; and s of the resident, including assessments,		
Findings:				
<ol> <li>The plan of care does not reflect behavioral triggers for a wandering resident. Upon interviewing staff and residents, triggers such as sun-downing, lack of sleep the previous night, and noise were identified as triggers, but not included on the plan of care.</li> <li>Personal Support Worker (PSW) staff was able to identify redirection as the only strategy for the wandering behaviors of the identified resident. The PSW staff reported this strategy had been ineffective for months and without constant supervision the resident would enter co- resident rooms. Residents on the unit were able to support this information. There was no indication of reassessment of this responsive behavior.</li> </ol>				
Inspector ID #: 1	03			
Signature of Licensee of	r Representative of Licensee	Signature of Health System Accountability and Performance Division		
Signature of Licensee o Signature du Titulaire d		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).		