

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: August 5, 2025

Inspection Number: 2025-1264-0004

Inspection Type:

Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Trillium Court, Kincardine

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22, 23, 24, 25, 28, 29, 30, 31, 2025 and August 1, 5, 2025

The inspection occurred offsite on the following date(s): July 23, 24, 25, 2025 and August 1, 2025

The following intake(s) were inspected:

- Intake: #00152787 - Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement

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Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that there was a plan of care for a resident that set out clear directions to staff related to the resident's current use of assisted devices.

Upon becoming aware of the discrepancy between the resident's logos and the the resident's written care plan/kardex, the resident's logos were updated to reflect the indications for use of assisted devices.

Sources: Observations of resident, Resident's electronic medical records; and interviews with staff.

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Date Remedy Implemented: July 24, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

3. Monitoring of all residents during meals.

The licensee has failed to monitor all residents during meal service.

Two residents were observed dining in the rear dining area unsupervised during meal service.

When requested, a staff member promptly arrived to supervise the residents in the dining room. During a discussion with the Food Service (FS) Manager, they initially expressed no concerns about independent residents eating unsupervised. However, after reviewing the home's dining policy, they consulted with the Executive Director (ED), who updated staff job duties to ensure that all residents would be supervised while dining in the future.

Sources: Observations of residents, Interview with Food Service Manager, LTC's Meal Service Policy # CARE17-P40 last revised, March 31, 2025.

Date Remedy Implemented: July 29, 2025

WRITTEN NOTIFICATION: General Requirements

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NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee failed to ensure that the home's Skin and Wound program was evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing Wound practices.

The DOC stated in an interview that the evaluation of the Skin and Wound program for the 2024 year, was incomplete.

Sources: Interviews with Skin and Wound lead and Director of Care.

WRITTEN NOTIFICATION: Required Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and

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wound care interventions.

The licensee has failed to ensure that the home's Skin and Wound Care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions, was implemented.

In accordance with Ontario Regulation 246/22 s. 11 (1) (b), the licensee was required to ensure the home had a Skin and Wound Care program to provide effective skin and wound care interventions and that it was complied with.

The home's Skin and Wound Care Management Policy, last reviewed March 31, 2025, stated, "the Interdisciplinary Team has a process in place to review and document the Resident's skin Impairment/ wound status and plan of treatment on a regular and as needed basis."

In an interview with the Skin and Wound program lead they confirmed the required assessment for a resident was initiated but incomplete.

Specifically, staff did not comply with the home's "Skin and Wound Care Management Policy" related to the completion of weekly skin and wound assessments when the weekly assessment required for a resident was incomplete.

Sources: Skin and Wound Policy, last reviewed March 31, 2025, Clinical record review for resident, Interview with the Skin and Wound Lead.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

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Skin and wound care

- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
 - (iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a known area of impaired skin integrity for resident was reassessed at least weekly by an authorized person.

A resident was identified as having a new altered skin integrity. Initial skin and wound assessments were completed; however, no documented skin and wound assessments were completed on two other required dates, despite the requirement for weekly reassessment of the affected area. This was confirmed through a review of the resident's clinical records.

In an interview, the Skin and Wound program lead acknowledged skin and wound assessments were required for the resident.

Sources: Clinical record reviews for resident, Interviews with Skin and Wound lead.