



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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

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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 31, 2013	2013_270531_0005	002450-12, 001006-13	Critical Incident System

**Licensee/Titulaire de permis**

TRILOGY LTC INC.  
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

**Long-Term Care Home/Foyer de soins de longue durée**

TRILOGY LONG TERM CARE  
340 McCowan Road, SCARBOROUGH, ON, M1J-3P4

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

SUSAN DONNAN (531)

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



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): December 18th & 19th, 2013**

**During the course of the inspection, the inspector(s) spoke with Resident #02, Resident's Power of Attorney, Personal Support Worker, Registered Practical Nurse, Physiotherapist, Restorative Care Manager, Falls Committee Chairperson, Behavioural Support Team, Registered Nurse, Assistant Director of Resident Care, Director of Resident Care, and the Administrator**

**During the course of the inspection, the inspector(s) toured the home, reviewed Resident health care records, reviewed Falls Prevention Policy, Management of Responsive Behaviour Policy, reviewed Falls Nursing Risk Management Documentation Guidelines, reviewed outside agency consult reports, observed staff and Resident interaction when providing care to the Resident**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Falls Prevention  
Responsive Behaviours**

**There are no findings of Non-Compliance as a result of this inspection.**



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

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

Issued on this 31st day of December, 2013

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