



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

**Rapport d'inspection
prévue 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^{iem} 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 January 21, 2011	Inspection No/ d'inspection 2011_103_2790_20Jan085232	Type of Inspection/Genre d'inspection Complaint Log # O-002460
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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)

Darlene Murphy (#103)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to the nursing assessment of an identified resident.

During the course of the inspection, the inspector spoke with one Registered Practical Nurse and the Director of Care.

During the course of the inspection, the inspector reviewed one resident health care record.

The following Inspection Protocol was used during this inspection:

- Hospitalization and Death Inspection Protocol
- Skin and Wound Care Inspection Protocol

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

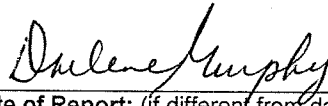
1 WN



WN #1: 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) the resident's care needs change or care set out in the plan is no longer necessary

Findings:

1. On a specific date, the resident presented with a change in health status.
2. Over the three subsequent days, the resident presented with restlessness, increased agitation and another change in his/her physical health status; there was no supporting documentation to indicate an assessment of these changes.
3. On the third day, the resident was assessed by the Nurse Practitioner.

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.	
		 Feb 24/11	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	