



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

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

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

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

**Health System Accountability and  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

**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 17, 2013	2013_179103_0067	O-001106- 13	Critical Incident System

**Licensee/Titulaire de permis**

SPECIALTY CARE EAST INC.  
400 Applewood Crescent, Suite110, VAUGHAN, ON, L4K-0C3

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

TRILLIUM CENTRE  
800 EDGAR STREET, KINGSTON, ON, K7M-8S4

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

DARLENE MURPHY (103)

**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 16-17, 2013**

**During the course of the inspection, the inspector(s) spoke with Residents, Personal support workers (PSW), a Registered Practical Nurse (RPN), a Registered Nurse (RN), the Manager of Human Resources and the Director of Care (DOC).**

**During the course of the inspection, the inspector(s) reviewed resident health care records, made resident observations, reviewed the home's investigation into allegations of abuse, the home's education records related to abuse, and the home's policy on abuse.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**

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

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**Legend**

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

**Legendé**

**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.)

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.

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

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

**Specifically failed to comply with the following:**

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

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**Findings/Faits saillants :**



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1. The licensee has failed to comply with LTCHA, 2007 s. 20(1) whereby the home did not comply with their abuse policy.

On an identified date, S#103 was working with S#104 and witnessed incidents of alleged abuse while the staff were providing care to Residents #1, #2 and #3. S#103 reported the incidents to S#102 approximately 28 hours later.

In an interview with S#102, the staff member advised emails were sent to the two Assistant Director's of Care and the Director of Care at the time of the report and a written statement of the details of the alleged abuse was completed. The licensee/designate became aware of the incidents approximately four hours later. Notifications were then made to the police, the Ministry of Health and Long Term Care, and the family members and the home initiated an investigation into the allegations.

During this inspection, the abuse education records for S#103 and S#104 were reviewed. The alleged abuser had not completed abuse training during 2012 and had not completed abuse training for 2013 until after the alleged incidents in November 2013. Additionally, the home was asked to provide a list of staff that had not completed abuse training for 2013 to date of this inspection. A total of fifty-seven direct care staff and managers had not yet completed abuse training to date of inspection for 2013.

In an interview with the Human Resources Manager, the inspector was advised S#104 was reprimanded for the allegations of abuse and received a three day unpaid suspension and was required to complete abuse training before returning to work. Staff were not reprimanded for failure to immediately report the allegations of abuse.

The home's policy, VII-G-10.00, "Abuse and Neglect of a resident-actual or suspected", was reviewed. The policy contains the following statements:

- All complaints from residents, families, visitors and staff that concern a reportable matter as set out in Section 24 of the Long Term Care Act, 2007 shall be immediately reported and investigated. Reportable matters include any incident with respect to alleged, suspected or witnessed abuse of a resident by anyone.
- All staff members have an obligation to report any incident or suspected incident of resident abuse and further, if a staff member is found guilty of not having reported



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such an incident, he/she will be severely reprimanded and/or terminated.  
-Upon hire and annually thereafter, all staff and volunteers will receive in-service education on the topic of abuse and neglect, strategies to prevent abuse and neglect, and the reporting of abuse and neglect.

The home failed to comply with their abuse policy. [s. 20. (1)]

***Additional Required Actions:***

***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 to ensure the home's policy on abuse is complied with, to be implemented voluntarily.***

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Issued on this 17th day of December, 2013

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

A handwritten signature in cursive script, appearing to read "Darlene King".