

**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
Telephone: 613-569-5602
Facsimile: 613-569-9670

**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
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
Télécopieur: 613-569-9670



December 10, 2013

Ms. Dawn Black
Administrator
Trillium Centre
800 Edgar Street
Kingston ON L4K 0C3

Dear Ms. Black:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on November 7, 2013 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

Darlene Murphy
Darlene Murphy
Long-Term Care Home Inspector - Nursing

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- c President, Resident's Council
 - President, Family Council



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

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

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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 7, 2013	2013_179103_0059	O-000887- 13	Follow up

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

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 7, 2013

During the course of the inspection, the inspector(s) spoke with the Human Resources Manager, the Nurse Practitioner and the Administrator.

During the course of the inspection, the inspector(s) reviewed the registered nurse schedules from September 24 to November 3, 2013.

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



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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.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE
BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES
SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2013_179103_0047	103

Issued on this 7th day of November, 2013

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