Ontario

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

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
October 26 & 27, 2010	2010_124_2790_26Oct092116 & 2010_143_2790_26Oct110243	Follow-up-O-002343

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, Ontario K7M 8S4 Fax# 613-547-3734

Name of Inspector(s)/Nom de l'inspecteur(s)
Lynda Hamilton (124) and Paul Miller (143)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up to the inspection of two critical incidents. The first critical incident involved a witnessed abuse of Resident A by Resident B. The second critical incident involved an incident between Resident B and Resident C.

During the course of the inspection, the inspectors spoke with the administrator, the director of clinical services, and the operations manager of environmental services, six registered practical nurses, one programming staff member, the Medical Advisor and two residents.

During the course of the inspection, the inspectors completed a walking tour of the home, reviewed two resident health records, the home's abuse policy and procedure and a memo sent to staff.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse and Neglect Inspection Protocol
Responsive Behaviours Inspection Protocol

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

1 WN

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

WN # 1: The Licensee has failed to comply with LTCHA, 2007, S.O., c.8, s.30(2)
The use of a physical device from which a resident is both physically and cognitively able to release themself is not a restraining of the resident.

Findings:

1. A resident was observed wearing a seatbelt.
2. The resident could not identify the seatbelt as a restraint or articulate why he/she was wearing a seatbelt.
3. A review of the resident's clinical record indicated that the resident's seatbelt restraint was discontinued because the resident could undo the seatbelt himself/herself.
4. The resident does not meet the requirement of being able to cognitively release himself/herself from the seatbelt.

Inspector ID #:	#124 & #143

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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007 c. 8, s.20(1)	CO	#004	2010_124_2790_30Aug120009 & 2010_143_2790_01Sep132618	143
LTCHA, 2007, S.O. 2007 c. 8, s.20(1)	WN	4	2010_124_2790_30Aug120009 & 2010_143_2790_01Sep132618	143 & 124
LTCHA, 2007, S.O. 2007 c. 8, s.20(2)(d)	CO	#005	2010_124_2790_30Aug120009 & 2010_143_2790_01Sep132618	143
LTCHA, 2007, S.O. 2007 c. 8, s.20(2)(d)	WN	5	2010_124_2790_30Aug120009 & 2010_143_2790_01Sep132618	143 & 124
LTCHA, 2007 S.O.2007, c.8, s.6(10)(b)	WN	6	2010_124_2790_30Aug120009 & 2010_143_2790_01Sep132618	143 & 124

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.** Lynda Hamilton
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). Jan 28, 2011