Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l’inspection	Log # / No de registre	Type of Inspection / Genre d’inspection
Aug 19, 2019	2019_772691_0015	003537-19, 013327-19	Critical Incident System

Licensee/Titulaire de permis

Corporation of the County of Simcoe
1110 Highway 26 Midhurst ON L9X 1N6

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

Trillium Manor Home for the Aged
12 Grace Avenue ORILLIA ON L3V 2K2

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

JENNIFER NICHOLLS (691)

Inspection Summary/Résumé de l’inspection

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

This inspection was conducted on the following date(s): August 8-13, 2019.

The following intakes were inspected upon during this Critical Incident System Inspection:
-One intake submitted to the Director for a missing resident; and,
-One intake submitted to the Director regarding a resident fall.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Associate Director of Resident Care (ADRC), Environmental Services Supervisor (ESS), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Worker (PSWs), and residents.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Falls Prevention
Responsive Behaviours
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres (cm).

On March 14, 2019, the Director informed licensees via memo regarding the safety of the windows located in resident rooms. The memo highlighted that the windows in the home that opened to the outdoors and was accessible to residents, were to have a screen and could not be opened more than 15 centimetres (cm). The memo asked homes to inspect their windows to make sure that residents were not able to open them beyond 15 cm in any way, and if they were able to, the home was to address the problem to meet the requirements of the Long-Term Care Homes Act (LTCHA).

The home reported to the Ministry of Health and Long term Care (MOHLTC) after-hours reporting line on the identified date, to inform the Director that a resident had eloped from the home. A Critical Incident System (CIS) report was submitted on the identified date, for a missing resident who had eloped from the home through a window.

During the observation of windows, Inspector #691 noted that an identified resident room, on a specific unit, opened 18 cm when fully opened. A further observation identified two windows, on the same unit with similar openings.

The Inspector conducted a further review of the windows in a different home area and identified three rooms where the windows opened 18 cm when fully opened. A further observation of the home identified a total of 21 windows in rooms, that opened 18 cm.

In an Interview with Environmental Service Supervisor (ESS), they stated to the Inspector that they were not aware of the memo from the Director regarding window safety. They believed that all the windows met the regulation. Together with Inspector #691, the ESS measured the identified windows and confirmed that they opened to 18 cm. The ESS confirmed to the Inspector that these identified windows did not meet the current legislation as the windows opened more than 15cm.

In an interview with the Inspector, the Administrator indicated that they were not aware of the memo regarding the safety of windows. Together with the Inspector, the Administrator observed the windows on the specified units that could be opened more than 15 cm. The Administrator confirmed that the windows identified with Inspector #691 on the specified units, did not meet current legislation related to window safety, and would be corrected immediately. [s. 16.]

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 that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres, to be implemented voluntarily.

Issued on this 19th day of August, 2019

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

Original report signed by the inspector.