

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: December 23, 2025

Inspection Number: 2025-1589-0006

Inspection Type:
Critical Incident

Licensee: Corporation of the County of Simcoe

Long Term Care Home and City: Trillium Manor Home for the Aged, Orillia

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 1-4, 2025.

The inspection occurred offsite on the following date(s): December 15, 17-19, 2025.

The following intake(s) were inspected:

- ▢ One intake related to a missing/unaccounted for controlled substance;
- ▢ One intake related to alleged abuse of a resident; and,
- ▢ One intake related to concerns re: improper/incompetent care of a resident.

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

Resident Care and Support Services
Medication Management
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of Licensee to Comply with Plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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A resident's care plan indicated a specific care task was to be completed on a set schedule. Over a specific time period, it was identified that the care task had not been completed as per the schedule.

Sources: Health records for the resident, the home's investigation file; and interview with staff.

WRITTEN NOTIFICATION: When Reassessment, Revision is Required

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

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.

A resident was reassessed and a specific aspect of their care needs had changed. For a period of time following the assessment, the resident did not receive the required care because the resident's care plan was not updated to reflect the change.

Sources: Health records for the resident, Critical Incident (CI) file; and interviews with staff.

WRITTEN NOTIFICATION: Duty to Protect

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

A resident was not protected from abuse by a staff member, which put the resident at risk of harm.

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Sources: Review of records for the resident, investigation files for the CI; and interviews with staff.

WRITTEN NOTIFICATION: Required Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee's policy was not complied with when a resident was found on the floor.

Sources: Health records for the resident, investigation files, the home's policy; and interview with staff.

WRITTEN NOTIFICATION: Medication Management System

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (1)

Medication management system

s. 123 (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

The licensee's policy was not complied with when a resident was administered a medication and the documentation was incomplete.

Sources: Observation; CI, the resident's health records, the home's investigation file, the home's policy; and interviews with staff.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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