



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 Performance Division
Performance Improvement and Compliance Branch

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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

Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Apr 24, 2013, 2013\_109153\_0008, T-00284-12, Complaint

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF SIMCOE
1110 Highway 26, Midhurst, ON, L0L-1X0

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

LYNN PARSONS (153)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): April 22, 23, 2013

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Personal Support Workers(PSW), Resident and Family.

During the course of the inspection, the inspector(s) Reviewed clinical health records and home's Minimum Lift policy and procedure.

Completed observations of the provision of care to residents related to transfer activities.

The following Inspection Protocols were used during this inspection:
Personal Support Services



Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<p>Legend</p> <p>WN – Written Notification            VPC – Voluntary Plan of Correction            DR – Director Referral            CO – Compliance Order            WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit            VPC – Plan de redressement volontaire            DR – Aiguillage au directeur            CO – Ordre de conformité            WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).



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**Findings/Faits saillants :**

1. The licensee did not ensure the written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident.

The written plan of care for Resident #2 provides conflicting information as it relates to weight bearing ability and transfer status.

The current written plan of care indicates resident "can weight bear" and directs staff to "provide two persons and mechanical lift for physical assist."

A review of the resident handling technique logo posted in the resident's bathroom indicates the resident requires a 2 person transfer with or without a belt in the morning.

A review of an assessment completed by the Physiotherapist on April 10, 2013 indicates the resident is not able to weight bear and requires a mechanical lift for transfers. According to the resident health record the resident has been transferred by mechanical lift since July 2012.

When interviewed the Director of Care confirmed the written plan of care did not provide clear direction to direct care staff related to weight bearing and transfer status. [s. 6. (1) (c)]

2. The written plan of care for Resident #3 provides conflicting information as it relates to weight bearing ability and transfer status.

The current written plan of care indicates resident "can weight bear" and directs staff to "use mechanical lift for all transfers."

A review of the resident handling technique logo posted in the resident's bathroom indicates the resident requires a 2 person transfer with a mechanical lift.

A review of the Transfer and Lift Assessment completed August 23, 2012 indicates the resident is not able to bear weight and transfers are to be provided by two staff with a mechanical lift.

A review of an assessment completed by the Physiotherapist on September 14, 2012 indicates the resident is not able to weight bear and requires a mechanical lift for transfers.

When interviewed the Director of Care confirmed the written plan of care did not provide clear direction to direct care staff related to weight bearing status. [s. 6. (1) (c)]



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***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 written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident related to transfer techniques and weight bearing status, to be implemented voluntarily.***

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Issued on this 24th day of April, 2013

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

*Lynn Parsons*

TORONTO SERVICE AREA OFFICE  
REPORT ROUTING

To be included in every inspection package

TSAO Log #	T-00284-12
Inspection #	2013 109153 0008

LTC HOME NAME: Trillium Manor Home For The Aged

INSPECTION TYPE:  Annual  Follow-up  Complaint  CIS  Other:

Dates of Inspection: Apr 22 2013

Follow-up Inspection required: Y / (N) Date: Apr 22 2013  Next Annual Inspection

Discipline(s) required for follow-up  Nursing  Dietary  Environmental Health

**ACTION TAKEN:**

WN – Written Notifications  DR – Director Referral  Corrected Non-Compliance

VPC – Plan of correction  WAO – Work and Activity Order

CO – Compliance Order  No Written Notifications

Orders Served:  Yes  No  
If yes, please complete the Order Service Log on the back of this form.

Plan for Achieving Compliance - Required:  Yes  No

Plan for Achieving Compliance – Received:  Yes  No  Not applicable

**DOCUMENTS IN PACKAGE:**

<input checked="" type="checkbox"/> Completed Intake & Summary	<input type="checkbox"/> CIS (if applicable incoming)	<input type="checkbox"/> Copy of Inspection from CTA
<input type="checkbox"/> Home Profile Report (if applicable)	<input type="checkbox"/> Home Status Report (if applicable)	<input type="checkbox"/> Orders (if applicable)
<input checked="" type="checkbox"/> Inspection Plan	<input type="checkbox"/> Early Warning System Report (if applicable)	<input checked="" type="checkbox"/> Incoming Infoline (if applicable)
<input checked="" type="checkbox"/> Inspection Report (Licensee Copy)	<input type="checkbox"/> Inspection Protocols (if done manually)	<input checked="" type="checkbox"/> Fax Cover Sheets (if applicable)
<input type="checkbox"/> Inspection Report (Public Copy)		<input checked="" type="checkbox"/> Fax Confirmation sheet: (if applicable)

**APPROVALS & PROCESSING:**

Submitted for Review: Date: Apr 24 2013 Initials: LP

Inspection Reports (Public & Licensee) Reviewed: Date: Apr 24 2013 Initials: LP

Licensee Report given to Home: Date: Apr 24 2013 Signature: LP  
 Fax  E-mail (PDF)  In-person

Licensee Report sent to Licensee: Date: Apr 24 2013 Signature: LP  
 Fax  E-mail (PDF)

Orders served on Licensee: Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Fax  Registered Mail

Orders given to Home: Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Fax  E-mail (PDF)  In-person

Submitted for FMIS Input: Date: Apr 24 2013 Initials: LP

FMIS INPUT: (Administrative Assistant only) Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Public Reports: Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Home / Resident Council / Family Council  Mail  Fax  E-mail (PDF)

Public Reports: Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Other Copies (See instructions)  E-mail (PDF)

Copy of Licensee Report and Orders sent to CQI Coordinator: Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 E-mail

Logs:  Intake  Inspection/Action completed: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**FOLLOW-UP**

Follow-up inspection date entered on scheduler: Date: \_\_\_\_\_ Initials: \_\_\_\_\_