



**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**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 4, 2015	2015_257518_0030	008691-15	Resident Quality Inspection

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### Licensee/Titulaire de permis

S & R NURSING HOMES LTD.  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

TRILLIUM VILLA NURSING HOME  
1221 MICHIGAN AVENUE SARNIA ON N7S 3Y3

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

ALISON FALKINGHAM (518), REBECCA DEWITTE (521), TERRI DALY (115)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): May 16-27, 2015**

**The following Critical Incidents were completed with the RQI:**

**CIS 2217-000010-15 #007617-15 regarding a resident fall**

**CIS 2217-000014-15 #009072-15 regarding a medication incident**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing Care, the Clinical Educator, two Registered Nurse/RAI Coordinations, the Environmental Services Manager, the Dietary Services Manager, six Registered Staff members and six Personal Support Workers. The Inspectors also reviewed resident's clinical records and the home's policies and procedures, communicated with the Resident's and Family Council as well as observed medication administration, a dining service and general resident care.**

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

**Accommodation Services - Maintenance**

**Continence Care and Bowel Management**

**Dining Observation**

**Falls Prevention**

**Family Council**

**Hospitalization and Change in Condition**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Prevention of Abuse, Neglect and Retaliation**

**Residents' Council**

**Skin and Wound Care**

**Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**

**2 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

Legendé

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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**



**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the furnishings are maintained in a good state of repair.

Throughout the Resident Quality Inspection the Inspector observed resident dressers, nightstands and foot boards on the beds to be worn and the finish was coming off.

The Manager of Environmental Services confirmed that approximately 80% of the resident furniture is not in a good state of repair and that the home currently does not have a plan in place for replacement.

The Manager indicated that they have attempted to repair some of the finish on the furniture with little success.

Seven high-low beds have been ordered, the home will designate these to residents who require them and then determine through an audit what beds are in the worst condition and replace with beds that are in better condition.

The Manager of Environmental Services confirms that the expectation is that furnishings will be maintained in a good state of repair. [s. 15. (2) (c)]



***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 home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**

**Specifically failed to comply with the following:**

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
    - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
    - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that a resident who was exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate tool specifically designed for skin and wound assessment.

A resident was observed to be exhibiting altered skin integrity.

Interviews with staff confirmed that these areas had not been documented appropriately.

The Director of Nursing confirmed that the expectation is that all residents who exhibit altered skin integrity receive an assessment by a member of the registered nursing staff using a clinically appropriate tool. [s. 50. (2) (b) (i)]

2. The licensee has failed to ensure that a resident exhibiting altered skin integrity has been reassessed at least weekly by a member of the registered nursing staff.

A resident was observed with an area of altered skin integrity.

A review of the clinical record revealed that no documentation has been done using a clinically appropriate tool for several weeks.

The Registered Nurse/RAI Coordinator confirmed that the area of altered skin integrity should be assessed and documented weekly, and that the home has recently changed their practice to alert staff that documentation is required. [s. 50. (2) (b) (iv)]

***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 all resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin assessment and is reassessed at least weekly by a member of the registered nursing staff if clinically indicated, to be implemented voluntarily.***



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**Issued on this 4th day of June, 2015**

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

**Original report signed by the inspector.**