

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: December 8, 2023	
Inspection Number: 2023-1059-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: S & R Nursing Homes Ltd.	
Long Term Care Home and City: Trillium Villa Nursing Home, Sarnia	
Lead Inspector Henry Otoo (000753)	Inspector Digital Signature
Additional Inspector(s) Meagan McGregor (721)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): November 23, 24, 27, 28, 29, 2023 and December 4, 5, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake #00101540 - Proactive Compliance Inspection 2023
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Residents' and Family Councils

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Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee failed to ensure that a current version of the visitor policy was posted in the home.

Rationale and Summary

In accordance with O. Reg. 246/22 s. 267 the home was required to establish and implement a written visitor policy.

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There was no visitor policy observed to be posted in the home during an initial tour conducted of the home on November 23, 2023.

The Administrator confirmed that the visitor policy was not posted anywhere in the home, however, they indicated that it had been shared electronically with families and was shared with all residents and their families on admission to the home. The Administrator then proceeded to immediately post a copy of this visitor policy with the visitor sign in book located at the main entrance of the home.

Sources: observations and staff interviews. [721]

Date Remedy Implemented: November 23, 2023

WRITTEN NOTIFICATION: RIGHT TO QUALITY CARE AND SELF-DETERMINATION

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee failed to ensure that residents rights to have their personal health information (PHI) kept confidential in accordance with the Act were fully respected and promoted.

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Rationale and Summary

During inspection on November 23, 2023, the inspector observed that all the medication carts had regular garbage containing residents' medication strips with their personal health information that was accessible to anyone in the home.

The Co-Director of Care (DOC) during interview on November 23, 2023, confirmed that the home has been disposing off medication strips with resident personal health information into the regular garbage without getting rid of the information on the packaging. Resident personal health information confidentiality could be compromised when added to the general garbage without rendering the packaging illegible before disposal.

Sources: Observations and staff interviews. [000753]

WRITTEN NOTIFICATION: Licensee obligations if no Family Council

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

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

Family Council

Licensee obligations if no Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to convene semi-annual meetings to advise families and essential caregivers of residents of their right to establish a Family Council. The home has been without a Family Council for over five years.

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Rationale and Summary

When there is no Family Council, the licensee is required to convene semi-annual meetings to advise families and essential caregivers of the importance and their right to form one.

During interview with the Administrator and the Manager of Life Enrichment, the Administrator said that the home has not had a Family Council for over five years, and that the home has not had a semi-annual meeting to promote family council this year. The Administrator gave a copy of the advertisement the home was sending to families to join the home on December 13, 2023, if they are interested in starting a Family Council.

Sources: Staff interviews and record review. [000753]

WRITTEN NOTIFICATION: Security of drug supply

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

Non-compliance with: O. Reg. 246/22, s. 139 1.

Security of drug supply

s. 139 1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee failed to ensure that steps were taken to ensure the security of the drug supply, including that all areas where drugs were stored were kept locked at all times when not in use.

Rationale and Summary

During medication administration observation on November 23, 2023, the inspector observed that a registered nursing staff member did not lock their med cart when they walked away from the front dining area to administer medication in a

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resident's room. During the same morning, two other medication carts were found to be unlocked in the Front medication room and Sunset medication room with the staff not present.

The Co-DOC said during an interview on November 23, 2023, that staff were to always lock their med carts when they did not have their eyes on the cart.

Sources: Observations and staff interviews. [000753]

WRITTEN NOTIFICATION: Drug destruction and disposal

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that non-controlled drugs were disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and the home's policy.

In accordance with O. Reg. s. 246/22 s. 11 (1) (b), the licensee was required to ensure that the drug destruction and disposal policy provided for the following: That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and this policy must be complied with.

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Specifically, staff did not comply with the home's policy, which stated that non-narcotic medications awaiting destruction should be placed in one-way containers provided by the contracted agency for the home and removed from blister packs and medication strips. This policy requirement aligned with the Ontario Pharmacists Association Best Practice Guidelines for Long-Term Care.

Rationale and Summary

During an observation on November 23, 2023, the inspector observed in the Sunset Home Area medication room that non-narcotic drugs to be destroyed were kept in a white unsealed bucket. There were multiple medications for destruction sitting on top of the bucket for three to four days according to registered nursing staff member. The registered nursing staff member said the medications were for residents who were deceased, discharged, and other discontinued medications. The medications were in their original packaging and sitting on top of the white bucket, and some in an unsealed bucket.

Co-DOC on November 23, 2023, confirmed during an interview that the home was not following their home policy on the storage of non-narcotic drugs for destruction and disposal and that they would be following the policy going forward. The home's policy stated that non-narcotic medications awaiting destruction should be placed in one-way containers provided by the contracted agency for the home and removed from blister packs and medication strips.

Sources: Observation, Steeves & Rozema LTC Homes "Medication Destruction and Disposal Policy Number RCM 17-26, Revised August 19, 2022, and interviews with staff. [000753]

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**WRITTEN NOTIFICATION: Continuous quality improvement
initiative report**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee failed to prepare a report on the Continuous Quality Improvement (CQI) initiative for the home for each fiscal year no later than three months after the end of the fiscal year.

Rationale and Summary

On March 31, 2023, the fiscal year came to an end and the licensee was required to prepare and publish a report on the CQI initiative for the home. The report was to be published to the home's website within three months after the end of the fiscal year.

The CQI initiative report was prepared on November 4, 2023, and posted on the website, a few months past the due date of June 30, 2023.

Sources: Interview with the home's Quality Leads, and record review. [000753]

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (5)

Continuous quality improvement initiative report

s. 168 (5) Every licensee of a long-term care home shall, within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.

The licensee has failed to within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.

Rationale and Summary

On April 11, 2022, the Fixing Long-Term Care Act came into effect. Three months after the legislation came into effect, the licensee was required to prepare an interim report for the 2022-2023 fiscal year.

The CQI interim report was not prepared and published on the home's website. The home's Quality Leads confirmed that they were not aware of the legislation requirement and did not prepare the report.

Sources: Interview with the home's Quality Leads, and record review. [000753]