Ontario

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

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

London District
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Original Public Report

Report Issue Date: March 1, 2024
Inspection Number: 2024-1059-0001
Inspection Type: Complaint
Licensee: S & R Nursing Homes Ltd.
Long Term Care Home and City: Trillium Villa Nursing Home, Sarnia

Lead Inspector	**Inspector Digital Signature**
Brandy MacEachern (000752)	Brandy MacEachern Digitally signed by Brandy MacEachern Date: 2024.03.01 13:12:24 -05'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 26, 27, 28, 2024

The following intake(s) were inspected:

- Intake: #00106605 – Compliant related to the Care and Services of a Resident

Inspector Loma Puckerin (705241) was also present during this inspection.

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care was based on an assessment of a resident, after sustaining a specific injury.

Rationale and Summary

A complaint was received by the Director concerning the care and services provided to a resident.

During a review of the resident's health records, it was noted that there was an incident that occurred on a specific date, at a specific time, when the resident sustained a specific injury. The first documentation of a specific assessment for the injury, was recorded on the following day. A staff member acknowledged that there was a delay in starting the specific assessment and advised that staff should have begun the assessments at the time of the incident.

There was a risk to the resident that a possible injury could have gone unnoticed, and appropriate treatment could not have been provided when the assessments were not started at the time of the incident.

Sources: Staff interviews, resident health records.

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WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the Infection Prevention and Control Program.

Rationale and Summary

A complaint was received by the Director concerning the care and services provided to a resident.

During a record review of the resident's plan of care, it was indicated that they were on specific additional precautions. During an observation there was an additional precautions sign posted at the resident's doorway, indicating that specific personal protective equipment (PPE) would be worn during specific interactions. Two staff members were seen completing a specific interaction with the resident, without a specific piece of PPE. The Infection Prevention and Control (IPAC) Lead advised in interview that this was not the expectation, and the staff should have been wearing all the required PPE in this incident.

When staff did not wear the correct PPE when interacting with the resident, there

was a risk that infection could have spread.

Sources: Staff interviews, resident and staff observations, health records.

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