

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: June 4, 2024	
Inspection Number: 2024-1059-0002	
Inspection Type: Critical Incident	
Licensee: S & R Nursing Homes Ltd.	
Long Term Care Home and City: Trillium Villa Nursing Home, Sarnia	
Lead Inspector Brandy MacEachern (000752)	Inspector Digital Signature
Additional Inspector(s) Neelam Patel (000814) Mary Furlan (000829)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): May 27, 28, 29, 30, 31, 2024.</p> <p>The following Critical Incident System (CIS) intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00110226 - CIS 2217-000006-24: related to Infection Prevention and Control • Intake: #00110924 - CIS 2217-000009-24 related to resident care and services • Intake: #00111678 - CIS 2217-000010-24: related to mediation management
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The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services
Medication Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control; and Infection Prevention and Control (IPAC) Standard 9.1 (d) The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include: Proper use of personal protective equipment (PPE), including appropriate selection, application, removal, and disposal.

Specifically, the licensee has failed to ensure that a staff member wore the appropriate PPE when providing care to a resident.

Rationale and Summary

During an observation, Inspector #000829 observed a staff member provide care to a resident. The resident required specific precautions. The staff member was not wearing PPE, as directed by signage at the door to the resident room.

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The Infection Prevention and Control (IPAC) Lead confirmed in interview that the staff member had not been wearing the appropriate PPE while interacting with the resident on specific precautions.

There was a risk to the resident when the staff member was not wearing the appropriate PPE because of the potential for the spread of infection.

Sources: Observation of resident and staff member; interviews with the IPAC Lead and the staff member.

[000829]

WRITTEN NOTIFICATION: Medication Management System

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The Licensee has failed to ensure that written policies and protocols were implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices in relation to the Medication Management System.

Rationale and Summary

A Critical Incident System (CIS) Report was received by the Director concerning a missing medication.

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When reviewing the home's Control Substance Shift Count Sheets for the resident, these identified that an amount of the medication had been document each shift until a date, when the medication was identified as missing.

The home's policy on Medication-Safe Storage and Security identified that narcotics and controlled substances would be counted for security purposes at the change of every shift and that a side-by-side end of shift count would be conducted by two registered staff members.

In interview with the Manager of Resident Care (MRC), they advised that staff did not conduct shoulder to shoulder counts of controlled substances during shift change, as per their policy, for a specific range of dates.

There was a risk to the security of the controlled substances by not following the home's Medication Safe Storage and Security policy on counting controlled substances side by side at the end of the shift. Staff not following Medication policy increases the risk of medication errors and missing controlled substances.

Sources: Record review of medication administration records, control substance shift count sheets and individual administration record sheets; Review of policy on Medication-Safe Storage and Security; Interview with MRC.

[000814]