

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

Public Report

Report Issue Date: March 28, 2025

Inspection Number: 2025-1059-0002

Inspection Type:

Critical Incident

Licensee: S & R Nursing Homes Ltd.

Long Term Care Home and City: Trillium Villa Nursing Home, Sarnia

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 25, 26, 27 and 28, 2025

The following intake(s) were inspected:

- Intake: #00139727 -Critical Incident System (CIS)2217-000006-25 related to the home medication management system.

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

Medication Management
Infection Prevention and Control

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Medication Management System

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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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 inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

Specifically the licensee must;

a) Ensure all members of the Registered Nursing Staff, are retrained on the home's policies related to Medication Destruction and Disposal. A record must be kept of the date the training was provided, who attended the training, the contents of the training, and who provided the training.

b) Complete two random weekly audits of controlled substance drug destruction and disposal by staff members to ensure the homes policies for Medication Management System and Medication Destruction and Disposal are followed. Keep a record of the audits, date completed, who completed the audit, home area audited, staff member audited, deficiencies identified and how they were corrected. Continue these audits until the orders are complied.

Grounds

The licensee failed to ensure that the written policies related to medication management were implemented.

Record review showed registered staff were not adhering to the home's policy related to Medication Destruction and Disposal RCM 17-26. Last revised August 19, 2022.

Multiple staff members confirmed that registered staff were not following the home policy and two staff should have completed the destruction together but did not.

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There was a moderate risk to the residents as a result of drug destruction occurring with only one staff member.

Sources: record review of Policy Medication Destruction and Disposal, review of video footage, interview statements of registered staff and interviews with staff members.

This order must be complied with by May 5, 2025

COMPLIANCE ORDER CO #002 Security of Drug Supply

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

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

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must:

a) Ensure all members of the Registered Nursing Staff, are retrained on the home's policies related to Medication Management System and Medication-Safe Storage and Security. A record must be kept of the date the training was provided, who attended the training, the contents of the training, and who provided the training.

b) Complete random weekly audits of the medication rooms and medication carts, to ensure the homes policies for Medication Management System and Medication-Safe Storage and Security are followed. Keep a record of the audits, date completed, who completed the audit, home area audited, deficiencies identified and how they were corrected. Continue these audits until the order is complied.

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Grounds

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.

There was moderate risk to the residents as a result of the unlocked medication cart.

Sources: record review of video footage, interview statements of registered staff and interviews with staff members.

This order must be complied with by May 5, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.