



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévüe le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
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London ON N6B 1R8

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291, rue King, 4^{ième} étage
London ON N6B 1R8

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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Date(s) of Inspection/Date de l'inspection November 9, 2010	Inspection No/ d'inspection 2010_115_2217_09Nov111459	Type of Inspection/Genre d'inspection L01764 Follow Up
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Licensee/Titulaire
S & R Nursing Homes Ltd. 265 North Front Street, Suit 200, Sarnia, ON., N7T 7X1

Long-Term Care Home/Foyer de soins de longue durée
Trillium Villa NH, 1221 Michigan Avenue, Sarnia, ON., N7S 3Y3

Name of Inspector(s)/Nom de l'inspecteur(s)
Terri Daly #115

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Follow Up inspection related to unmet standards issued prior to July 1, 2010.

During the course of the inspection, the inspector spoke with: the Administrator, DOC, registered staff, PSW's and 2 residents.

During the course of the inspection, the inspector: conducted walkthroughs of the home, reviewed 7 residents' clinical records, and Environmental Water Temperature monitoring records.

The following Inspection Protocols were used in part or in whole during this inspection:
Safe and Secure Home
Personal Support Services Inspection Protocol

There are no findings of Non-Compliance as a result of this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



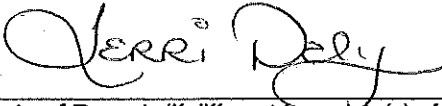
Ministry of Health and
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CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O1.17, LTC Homes Program, now found in O. Reg. 79/10, s.90(1)(g)				115
N1.15, LTC Homes Program, now found in LTCHA, 2007, S.O. 2007, c.8, s.6(9) 1.2.3.				115

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
			
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		November 24, 2010	