

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 23, 2026

**Inspection Number:** 2026-1059-0001

**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 dates: March 16-20 and 23, 2026

The following intakes were inspected:

- Intake #00169317 Critical Incident System Report (CIS) #2217-000003-26 related to allegations of improper/incompetent treatment of a resident by staff
- Intake #00169394 CI #2217-000004-26 related fall prevention and management
- Intake #00173268 CIS #2217-000006-26 related to fall prevention and management
- Intake #00173603 CIS #2217-000007-26 related to an unexpected death of a resident

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

- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty to Protect

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

**Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by

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anyone and shall ensure that residents are not neglected by the licensee or staff.

For the purposes of the Act and this Regulation, “neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

The resident's electronic medical records indicated they required a level of care and were unable to complete without assistance. Staff documented care had been provided to the resident on the date they returned from a scheduled appointment (contrary to an observation documented by another staff that the resident's care had not been provided). Staff did not provide care to the resident and were unaware if the resident had received care.

Staff did not complete a required skin assessment and it was not communicated to the next shift that the skin assessment had not been completed. Additionally, another staff did not assess the resident when it was reported to them that the resident had areas of altered skin integrity and they recounted they did not routinely review the progress notes for residents in the home.

Staff recounted in an interview that they did not complete a skin assessment when they observed areas of altered skin integrity on the resident because they were not familiar with the documentation software. It was also acknowledged that the resident was not provided with the treatment, care, services or assistance required for their health, safety or well-being.

**Sources:** review of a resident's electronic medical record and the home's investigation file; interview with staff

## WRITTEN NOTIFICATION: Skin and Wound Program

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

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(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A resident had areas of altered skin integrity. Staff verified they observed the resident and did not assess the resident using a clinically appropriate instrument.

**Sources:** review of a resident's electronic medical records; interview with staff