

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Public Report**

<b>Report Issue Date:</b> December 20, 2024
<b>Inspection Number:</b> 2024-1589-0004
<b>Inspection Type:</b> Proactive Compliance Inspection
<b>Licensee:</b> Corporation of the County of Simcoe
<b>Long Term Care Home and City:</b> Trillium Manor Home for the Aged, Orillia

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): December 16-19, 2024.

The following intake(s) were inspected:

- One intake related to a Proactive Compliance Inspection.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices
- Pain Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: General Requirements for Programs

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the written record of the program evaluation for the Skin and Wound Care Program, and the Pain Management Program was fully completed.

**Sources:** The home's required program evaluation forms; and interviews with staff

### WRITTEN NOTIFICATION: Hand Hygiene

NC #002 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).

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The licensee has failed to ensure that residents were provided with hand hygiene prior to meal service.

**Sources:** Inspector observations; licensee policy; and, interview with staff

### **WRITTEN NOTIFICATION: Medication Destruction**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 148 (2) 4.**

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 246/22, s. 148 (2).

The licensee has failed to ensure that non controlled medications that were to be destroyed, where destroyed in the manner required.

**Sources:** Inspector observations; licensee policy; interviews with staff.

### **WRITTEN NOTIFICATION: Medication Destruction**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 148 (3) (b)**

Drug destruction and disposal

s. 148 (3) The drugs must be destroyed by a team acting together and composed of,  
(b) in every other case,

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

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(ii) one other staff member appointed by the Director of Nursing and Personal Care.  
O. Reg. 246/22, s. 148 (3); O. Reg. 66/23, s. 31.

The licensee has failed to ensure that when non controlled medications were to be destroyed, two staff, including one Registered Staff were witness to the medication being placed into the container.

**Sources:** Licensee policy; and, Interviews with the staff

## WRITTEN NOTIFICATION: Membership of Quality Committee

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 166 (2)**

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that all required staff participated in the Quality Improvement Committee.

**Sources:** Quality Committee Meeting Minutes; and interview with the staff.