Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Report Issue Date: April 17, 2025
Inspection Number: 2025-1589-0001
Inspection Type: Critical Incident
Licensee: Corporation of the County of Simcoe
Long Term Care Home and City: Trillium Manor Home for the Aged, Orillia

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 14-16, 2025.

The following intake(s) were inspected:

- One intake related to a COVID-19 outbreak;
- One intake related to a resident to resident altercation;
- One intake related to a resident fall with injury; and,
- One intake related to the home's emergency plans.

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that a resident's plan of care provided clear direction to staff. The Inspector observed a intervention in place, however, it was not indicated in the resident's plan of care.
The plan of care was updated to include the intervention on April 16, 2025.

Sources: Inspector observations; resident care plan; and, interviews with staff.

Date Remedy Implemented: April 16, 2025

WRITTEN NOTIFICATION: Responsive Behaviours

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to

interventions are documented.

The licensee has failed to ensure that a resident was assessed, using clinically appropriate tools, related to responsive behaviours.

Sources: Critical Incident; a resident's progress notes and physical chart; licensee policy; and, interviews with staff.

WRITTEN NOTIFICATION: Hand Hygiene

NC #003 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 failed to ensure that a staff member completed hand hygiene at the appropriate times. It was observed that the staff member did not perform hand hygiene after exiting, and before entering resident environments.

Sources: Inspector observations; licensee policy; and, interviews with staff.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 10.
Infection prevention and control program
s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the

home:
10. Implementing required improvements to the infection prevention and control program as required by audits under paragraph 4 or by the licensee.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
a) Develop and implement a plan that describes how the IPAC lead will keep documented evidence of actions implemented in the home related to IPAC audits
b) Develop and implement a monitoring process by whereby the Administrator (or delegate) reviews the audits and actions implemented on a weekly basis for a period of four weeks. The home shall keep record of the review, any deficiencies noted, and actions taken.

Grounds

The licensee has failed to ensure that the IPAC lead completed their responsibility related to implementation of the required improvements to the infection prevention and control program as required by audits.

The acting Administrator confirmed that there were no implemented actions in relation to the IPAC audits.

There was actual risk to the residents, as the home was in a COVID outbreak.

Sources: Hand hygiene and PPE audits; outbreak management minutes; and, interviews with staff.

This order must be complied with by June 13, 2025

COMPLIANCE ORDER CO #002 Emergency plans

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 268 (8)
Emergency plans
s. 268 (8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,
(a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 268 (4); and
(b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
a) In consultation with the entities specified in O. Reg. 246/22, s. 268 (3), evaluate and update the emergency plans to address all required components. This includes addressing the loss of one or more essential services, evacuation, and any other emergency plans mandated by O. Reg. 246/22, s. 268 (4) that was not evaluated and updated in the past year.

b) Provide training to all staff, volunteers, and students on the updated emergency plans that were reviewed and revised as per part a) of this compliance order.

c) Maintain documented records of the activities undertaken in parts a) and b) above, including meeting agendas, minutes, attendance, changes made, implementation dates, training dates and names of attendees. These records must be made available to an inspector upon request.

Grounds

The licensee has failed to ensure that the home's emergency plans were reviewed and updated at least annually.

Summary and Rationale

The Inspector reviewed the home's Emergency Response Plans. There was no record of the plans being updated at least annually or within 30 days of an emergency being declared over

Failure to evaluate and update the home's emergency plans at least annually increased the risk of harm to residents. Outdated plans may not have reflected any changes in the home's layout, resident population, or new hazards, potentially resulting in ineffective actions or delayed responses by staff, during emergencies.

Sources: County of Simcoe Emergency Response Plans, 2022; Emergency Code Record; and, interview with Acting Administrator.

This order must be complied with by May 12, 2025

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

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:

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.