

**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:** July 11, 2025

**Inspection Number:** 2025-1589-0004

**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): July 7-11, 2025.

The following intake(s) were inspected:

- ¶ Intake, related to allegations of resident to resident abuse; and,
- ¶ Intake, related to an allegation of staff to resident abuse.

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

Responsive Behaviours  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

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Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set in a resident's plan of care was provided as specified in their plan of care.

A resident's plan of care indicated that they required a specific level of assistance for all activities of daily living (ADL). A Personal Support Worker (PSW) identified that they had provided a different level of assistance to the resident for their ADLs on multiple occasions.

**Sources:** Critical Incident (CI) report; a resident's health care records; the home's internal investigation notes; and interviews with direct care and registered staff, and the Director of Resident Cares (DRC).

**WRITTEN NOTIFICATION: Duty to Protect**

NC #002 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 anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from abuse by a staff member.

A resident sustained an injury while they were being provided with care by a staff member.

**Sources:** CI report; a resident's health care records; the home's internal

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investigation notes; the home's policy, "Zero Tolerance of Abuse and Neglect"; and interviews with direct care and registered staff, and the DRCs.

## **WRITTEN NOTIFICATION: Reporting certain matters to Director**

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

### **Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The Licensee has failed to ensure that an allegation of staff to resident physical abuse was reported to the Director immediately.

A PSW had become aware of an allegation of staff to resident abuse, which resulted in the resident sustaining an injury. The allegation was not immediately reported to the Director.

**Sources:** CI report; a resident's health care records; the home's internal investigation notes; the home's policy, "Zero Tolerance of Abuse and Neglect"; and interviews with direct care and registered staff, the DRCs.

## **WRITTEN NOTIFICATION: Qualifications of personal support workers**

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

### **Non-compliance with: O. Reg. 246/22, s. 52 (1) 2. iii.**

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Qualifications of personal support workers

s. 52 (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, meets one of the following requirements:

2. The licensee determines that the person would meet the requirements to be registered in the personal support worker class that are set out in subsections 5 (2) to (7) and section 6 of Ontario Regulation 217/24 (Registration) made under the Health and Supportive Care Providers Oversight Authority Act, 2021, which shall be read subject to the following modifications:

iii. If the person is relying on their completion of a program that was designed to prepare them to provide personal support services to show that they meet these requirements, the person must provide the licensee with proof of graduation issued by the education provider that they successfully completed the program.

The licensee has failed to ensure that when a PSW had been hired, that they had provided proof of graduation issued by the education provider for the PSW course.

**Sources:** CI report; the home's internal investigation notes; staffs personnel files; and interviews with a DRC.

**WRITTEN NOTIFICATION: Responsive Behaviours**

NC #005 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.

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The licensee has failed to ensure home's responsive behaviour program policy was complied with.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure that written policies and protocols were developed for the responsive behaviors program and ensure they were complied with.

Specifically, when a resident displayed behaviours toward another resident, the home's policy was not complied with when specified assessments were not completed by the responsive behaviour nurse.

**Sources:** A resident's Point Click Care (PCC) assessments; Interview with registered staff, and the DRCs; the home's policy, "Responsive Behaviour Program".

## **WRITTEN NOTIFICATION: Altercations and other interactions between residents**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 59 (b)**

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

The licensee has failed to ensure that steps were taken to minimize the risk of altercations between two residents when a specified intervention was not implemented as indicated post a resident-to-resident incident.

The plan of care for both residents indicated the specified intervention was to be in

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place. During the inspection, it was noted that the specified interventions were not implemented.

**Sources:** Two resident's plans of care; observations of the residents' rooms; and interviews with direct care and registered staff, and a DRC.

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

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