



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4ième étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 15, 2014	2014_183135_0023	L-000302-14	Critical Incident System

Licensee/Titulaire de permis

S & R NURSING HOMES LTD.
265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1

Long-Term Care Home/Foyer de soins de longue durée

TRILLIUM VILLA NURSING HOME
1221 MICHIGAN AVENUE, SARNIA, ON, N7S-3Y3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): April 14, 2014.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Nurse and Registered Practical Nurse.

During the course of the inspection, the inspector(s) reviewed resident clinical records and policy and procedures for Falls prevention. Observed resident care and services provided in resident home areas.

The following Inspection Protocols were used during this inspection:



Falls Prevention Hospitalization and Change in Condition

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with LTCHA requirements and its translation into French.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).



Findings/Faits saillants :

1. The Licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented when the following occurred:

Resident #01, at ongoing risk for constipation had a medical directive for the following bowel protocol after 3 days of not having a bowel movement:

Day 3- Milk of Magnesia 30 mls.

Day 4- Dulcolax Suppository 1/rectumx1

Day 5- fleet enema x1

Day 6-after rectal check to rule out impaction-Contact Physician

Record review revealed the bowel protocol was not administered as per the protocol when the resident did not have a bowel movement.

Resident #01, had a diagnosis of Urinary Tract Infection(UTI). The resident's plan of care stated the following:

Encourage and increase fluid intake. Record the fluid intake at meals and snacks on Food and Fluid Tracking Form.

Record review revealed the resident's food and fluid interventions were not documented as follows:

Snack Food and Fluid documentation was not documented on 13 occasions, or 30.9% of the time.

Meal Food and Fluid documentation was not documented on 10 occasions, or 23.8% of the time.

During an interview the Manager of Resident Care confirmed there was no documentation that the resident had refused the bowel protocol or if bowel protocol interventions had been administered as per the bowel protocol.

She also confirmed her expectation that any actions taken with respect to a resident under a program, including interventions and the resident's responses to interventions related to bowel protocol and food and fluid interventions are documented. [s. 30. (2)]



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented related to bowel and food and fluid protocols, to be implemented voluntarily.

Issued on this 15th day of May, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs