



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 8, 2016	2016_457630_0038	029185-16	Resident Quality Inspection

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

AMIE GIBBS-WARD (630), NANCY SINCLAIR (537)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): October 24, 25, 26, 27 and 28, 2016.

The following Critical Incident inspections were conducted within this Resident Quality Inspection (RQI):

**Critical Incident Log #028175-15/CI 2217-000035-15 – related to falls prevention;
Critical Incident Log #009029-16/CI 2217-000003-16 – related to alleged resident to resident abuse;
Critical Incident Log #004784-16/SAC 11366/CI 2217-000001-16 – related to alleged resident to resident abuse;
Critical Incident Log #026045-16/CI 2217-000007-16 – related to falls prevention.**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Manager of Life Enrichment, the RAI-MDS Coordinator, the Infection Control Nurse/MDS RAI Back-up Coordinator, two Registered Nurses (RN), four Registered Practical Nurses (RPN), six Personal Support Workers (PSWs), three family member and over twenty residents.

The inspectors also observed resident rooms and common areas, observed medication storage areas, observed medication administration, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home and reviewed various meeting minutes.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 54. Altercations and other interactions between residents

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,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.



Findings/Faits saillants :

1. The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between and among residents by identifying and implementing interventions.

Review of a Critical Incident report showed there was an altercation that occurred in the home between two identified residents which resulted in one resident being injured.

Review of the clinical records as well as interviews with staff indicated that there had been no previous altercations between these two identified residents, however one of these residents had long standing behaviours which were monitored by staff in the home.

Review of the plan of care for the identified resident showed that potential for altercations with other residents was not identified prior to the critical incident.

During an interview with the Administrator it was reported that the altercation that occurred between these two identified residents did result in an injury to one of the residents. The Administrator reported that due to the age of the building and the layout of the area where the incident occurred the set-up in the home was less than ideal for monitoring residents at certain times. Administrator also stated that after the incident they revised the interventions for the identified resident to minimize risks of further altercations. [s. 54. (b)]

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 by ensuring steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents by identifying and implementing interventions, to be implemented voluntarily.



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Issued on this 14th day of November, 2016

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

Original report signed by the inspector.