

Public Report

Report Issue Date: November 12, 2025

Inspection Number: 2025-1059-0007

Inspection Type:
Proactive Compliance Inspection

Licensee: S & R Nursing Homes Ltd.

Long Term Care Home and City: Trillium Villa Nursing Home, Sarnia

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 3, 4, 5, 6, 7, 12, 2025

The following intake(s) were inspected:

- Intake: #00161438 - Proactive Compliance Inspection

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

Contenance Care
Food, Nutrition and Hydration
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Contenance Care and Bowel Management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)

Contenance care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

A resident had a continence assessment completed upon their admission to the home that identified their continence level. A Resident Assessment Instrument–Minimum Data Set (RAI-MDS) was completed for the resident at a later date which noted the resident's continence level had changed.

The home's policy, Continence Care and Bowel Management Program, stated the resident will be assessed for continence using a clinically appropriate assessment instrument with any change of bladder function/continence level indicated by the quarterly RAI-MDS. A new continence assessment was not completed for the resident when they had a change in their continence level. The home's RAI Coordinator confirmed the assessment was required to be completed.

Sources: Resident clinical records; policy RCM 10-01-02 Continence Care and Bowel Management Program; interview with the home's RAI Coordinator.