



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

**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**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Jan 22, 2014                                   | 2014_217137_0001                              | L-000022-14                    | Resident Quality<br>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**

MARIAN MACDONALD (137), CAROLEE MILLINER (144), JULIE LAMPMAN (522),  
RUTHANNE LOBB (514)

**Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): January 13-17 and January 20, 2014**

**Concurrent Critical Incident Inspection was conducted by Inspector # 522 under L-000008-14**

**During the course of the inspection, the inspector(s) spoke with Administrator, Manager, Resident Care, Manager, Food Services, Manager, Environmental Services, Manager, Life Enrichment, RAI Coordinator, Scheduling Coordinator, Network Administrator, 8 Registered Nurses, 8 Registered Practical Nurses, 17 Personal Support workers, 1 Cook, 2 Dietary Aides, 1 Life Enrichment Aide, 6 Family Members and 40+ Residents.**

**During the course of the inspection, the inspector(s) toured all resident home areas, medication rooms, observed dining service, medication administration, provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents' clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Critical Incident Response  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>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. 17.  
Communication and response system**



Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents as evidenced by:

During a tour of all home areas, it was observed that 9 of 11 (82 %) common areas in the home were not equipped with a resident-staff communication and response system that is available in every area accessible by residents. The Administrator acknowledged that the home's expectation is that all areas accessible by residents will have a resident-staff communication and response system in and confirmed that the system is not in place. [s. 17. (1) (e)]

**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 to ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents, to be implemented voluntarily.***



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.**

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**Findings/Faits saillants :**

1. The Licensee has failed to ensure that each resident bedroom occupied by more than one resident have sufficient privacy curtains to provide privacy as evidenced by:

A tour of the shared bedrooms in the home was conducted by all inspectors which revealed that of the 61 shared rooms toured, it was observed that 44 (72.13%) are not equipped with sufficient privacy curtains to ensure full privacy.

Interviews conducted with a Registered Nurse, Administrator and Manager, Resident Care revealed that the expectation is that all shared rooms be equipped with sufficient privacy curtains to ensure full privacy and confirmed that not all shared rooms do provide sufficient privacy. [s. 13.]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that staff participate in the implementation of the infection prevention and control program as evidenced by:

A tour of ten resident semi-private rooms revealed that nine rooms contained unlabeled resident personal hygiene items.

Four staff interviews confirmed that all resident personal hygiene items are to be labeled.

The Manager, Resident Care confirmed the home did not have a formal policy about labeling personal hygiene items and that is an expectation that all resident personal hygiene items be labeled. [s. 229. (4)]



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Issued on this 22nd day of January, 2014

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

Marian C. MacDonald