



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

**Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch**  
**Division de la responsabilisation et de la  
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<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Oct 3, 4, 5, 6, 25, 31, Nov 1, 2, 3, 4, 2011	2011_048175_0014	Complaint

**Licensee/Titulaire de permis**

REGIONAL MUNICIPALITY OF DURHAM  
605 Rossland Road East, WHITBY, ON, L1N-6A3

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

LAKEVIEW MANOR  
133 Main Street, P.O. Box 514, Beaverton, ON, L0K-1A0

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

BRENDA THOMPSON (175)

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

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Administrator (Adm), Director of Care (DOC), Resident Care Co-ordinator (RCC), Registered Nurse, Registered Practical Nurses, residents.

During the course of the inspection, the inspector(s) Health Records of Residents, Observed Medication Passes on day and evening shifts, observed breakfast and supper meals

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Dining Observation

Medication

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

**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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
  - i. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
  - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
  - i. the Residents' Council,
  - ii. the Family Council,
  - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
  - iv. staff members,
  - v. government officials,
  - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

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**Findings/Faits saillants :**

1. (Ref. LTCHA, 2007 S.O. 2007, c.8, s.3 (1) 1)

During the inspection, an identified registered nursing staff member was observed administering one procedure and several medications, to four identified residents within hearing and sight of other residents, eating in dining room.

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**  
**Specifically failed to comply with the following subsections:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. O. Reg 79/10 s.114(2)(3): The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidenced based practices and, if there are none, in accordance with prevailing practices...

2.The home's Policy & Procedure-Medication Administration (#NUR-04-04-25) directs staff in Item #15 to: "Never leave medications on a dining table or in a room, where another resident could consume them by mistake.

3.Interview with an identified registered nursing staff member indicated an identified resident had no problems swallowing pills.

4.The identified resident's several medications were observed to be poured from the pouch into the med cup and the cup was given to the identified resident. The registered nursing staff member returned to the med cart and continued to pour out other residents' medications. The identified resident was observed taking the pills one and two at a time, unsupervised. The identified resident was confirmed not to have a Dr. order for self-administration of medications.

5.A person identified as a Dietary Server was observed in an identified Dining Room, returning medications from a dining room table, in a resident med cup, to the registered nursing staff member. The Dietary Server stated to the RPN "she took two".

6. An identified registered nursing staff member placed medications in front of an identified resident, then walked away from the identified resident towards the servery and did not observe the identified resident self-administering two separate medications. The identified resident was confirmed not have a Dr. order for self-administration of the particular medications.

Item #13 in the Medication Administration Policy indicates to:Never have more than one resident's medications out at one time.

1.An identified registered nursing staff member was observed pouring medications for 3 residents, into medication cups labeled with their individual names, placing them on their dining room table, leaving the medications there and walking away before the residents had consumed their medications.

The licensee did not ensure the home's Medication Administration Policy was complied with.

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### **WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

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

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.**

**2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.**

**3. A response shall be made to the person who made the complaint, indicating,**

**i. what the licensee has done to resolve the complaint, or**

**ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**

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**Findings/Faits saillants :**

1. A resident indicated in a complaint to the Ministry of Health and Long Term Care, that a verbal complaint was made by the resident, to the home's Administrator, the day after an issue was identified with a staff member. The resident/complainant, said nothing was done about the complaint, by the Administrator.

2. Interview with the resident/complainant, indicated the home said the resident/complainant was wrong for speaking up about the residents or their care.

3. Interview with Administrator, confirmed the system in place for dealing with complaints is that "we emphasize that the Management Team including the Administrator follows up any resident or building concerns and are available to the residents very often. Any complaints received are followed up and there is a complaint file." The Administrator verified that resident/complainant did come to see her to report a complaint.

The Administrator indicated the resident and the complaint were referred to the Director of Care, for follow-up. The Administrator stated she does not know if there is a Complaint File related to this complaint.

4. Review of health record for resident/complainant indicated that the resident requested to meet with the DOC and RCC about the concerns regarding a co-resident.

5. Notes reviewed of Meeting with resident/complainant. The resident was requested to provide the name of the staff member on duty at the time of the incident. The name of the staff member was provided. The resident was informed that it was necessary to follow up with the identified staff member regarding an account of the situation.

6. Interview with the DOC, confirmed the RCC involved, was not available for interview at this time. The DOC had no investigative notes related to any interview of the identified staff member named in the resident's complaint.

The licensee did not ensure that a verbal complaint made to the Administrator by the resident/complainant, of an identified staff member was investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

**Issued on this 22nd day of November, 2011**

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