

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** January 16, 2025.

**Inspection Number:** 2025-1563-0001

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** Regional Municipality of Durham

**Long Term Care Home and City:** Lakeview Manor, Beaverton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6-10, and 13-15, 2025.

The following intake(s) were inspected:

- An intake related to the fall of a resident that resulted in injury.
- A follow-up intake-Compliance Order-O. Reg. 246/22-s. 58 (4) (b), related to responsive behaviours.
- A follow-up intake-Compliance Order-O. Reg. 246/22-s. 20 (e), related to communication and response system.
- A follow-up intake-Compliance Order-O. Reg. 246/22-s.102 (2) (b), related to Infection Prevention and Control Program.
- A follow-up intake-Compliance Order-O. Reg. 246/22-s. 102 (7) 11, related to Infection Prevention and Control Program.
- An intake related to an incident involving a resident that resulted in injury.

### Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1563-0003 related to O. Reg. 246/22, s. 58 (4) (b)

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Order #003 from Inspection #2024-1563-0003 related to O. Reg. 246/22, s. 102 (2)  
(b)

Order #004 from Inspection #2024-1563-0003 related to O. Reg. 246/22, s. 102 (7)  
11.

The following previously issued Compliance Order(s) were found **NOT** to be in  
compliance:

Order #001 from Inspection #2024-1563-0003 related to O. Reg. 246/22, s. 20 (e)

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

Infection Prevention and Control  
Safe and Secure Home  
Responsive Behaviours  
Pain Management  
Falls Prevention and Management  
Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

#### **Non-compliance with: O. Reg. 246/22, s. 20 (a)**

Communication and response system

s. 20. 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;

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A piano was observed blocking access to the resident-staff communication and response system located on the wall in the main lounge area on the first floor. No residents were observed in the room at the time and the piano was completely removed from the room by the following day.

Sources: Observations and interview with the Administrator.

Date Remedy Implemented: January 7, 2025

**WRITTEN NOTIFICATION: PLAN OF CARE**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in a resident's plan of care was based on an assessment of the resident and on the needs and preferences of that resident.

Inspector observed a resident's positioning during a meal. An interview with a Registered Practical Nurse (RPN) and review of the resident's clinical health records confirmed that the resident's positioning was not indicated in their plan of care based on an assessment of the resident and on the needs and preferences of that resident.

Sources: A resident's clinical health records, the home's policies and procedures, and an interview with an RPN.

**WRITTEN NOTIFICATION: Communication and Response System**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

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Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (CO) #001 to O. Reg. 246/22, s. 20 (e) from inspection 2024-1563-0003, originally issued August 28, 2024 and amended and re-issued September 9, 2024, with a compliance due date of November 29, 2024.

The first condition of the order was not complied with:

1) Audit all communication and response systems to ensure they are visible and accessible in the expected resident locations. Keep a documented record of the audit(s) completed and make available for Inspector(s), upon request.

The licensee completed functionality audits of all communication and response systems in the home but failed to check for visibility and accessibility.

Sources: Contracted communications company email, and interviews with the Director of Care (DOC) and Environmental Services Manager.

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Written Notification NC #003**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

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In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

**Compliance History:**

Inspection #2024-1563-0003 - Compliance Order (CO) for O. Reg. 246/22, s. 20 (e) - Communication and Response System.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

**WRITTEN NOTIFICATION: Falls Prevention and Management**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure that when a resident had fallen, that the resident was assessed and a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls, when multiple

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scheduled head injury routine (HIR) checks were not conducted immediately after the fall, during the first 24 hours.

Review of a resident's clinical health records confirmed that staff documented multiple resident refusals for the HIR checks and that staff did not attempt to re-approach the resident, as indicated in their written plan of care.

Interview with the Nursing Practice Manager (NPM) confirmed that, at minimum, staff should make observations for the Glasgow Coma Scale (GCS) portion, even if a resident refused a full HIR check.

Sources: A resident's clinical health records, the home's policies and procedures, NPM interview.

## **WRITTEN NOTIFICATION: DINING AND SNACK SERVICE**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure proper techniques to assist a resident with eating, including safe positioning of residents who require assistance.

Inspector observed a resident's positioning during a meal. Review of a resident's clinical health records confirmed that the resident's positioning was not proper technique to assist resident with eating, including safe positioning of residents who require assistance.

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Interviews with a Registered Practical Nurse (RPN), a Physiotherapist (PT) and the Director of Care (DOC), confirmed that the resident's positioning was not proper technique to assist a resident with eating, including safe positioning of residents who require assistance.

Sources: A resident's clinical health records, the home's policies and procedures, and interviews with two RPNs, a PT and the DOC.

## **WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

According to IPAC Standard 7.3 (b), the IPAC Lead plans, implements, and tracks the completion of all IPAC training and ensures that audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role.

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

Interview with the Infection Prevention and Control (IPAC) Lead confirmed that quarterly audits were not being conducted of all staff to ensure that they can perform the IPAC skills required of their role.

Sources: IPAC Checklist, the home's policies and procedures, and an interview with the IPAC Lead.

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**COMPLIANCE ORDER CO #001 Pain Management**

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 57 (2)**

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

1) Create a process by which all residents who are cognitively impaired and/or are experiencing increasing pain, including post injury or fall, are assessed using a Comprehensive Pain Assessment (CPA) tool or other clinically appropriate tool referenced in the home's current Pain Management policy.

(a) Educate all Registered nursing staff (RN/RPN), including Agency, of the process, maintain a training log which contains the education content, date, and signatures of attendees and provide to inspector upon request.

2) Provide Pain Management education for all Registered staff (RN/RPN), including Agency, which includes at minimum;

(a) Actions required to be taken by registered staff to assess a cognitively impaired resident for pain and when identifying residents who are experiencing increasing pain, strategies and interventions to manage pain, reporting requirements to NP/Physician, documentation of response (effective/ineffective) for all pharmaceutical interventions including one time or stat analgesic doses, and any other related information.

(b) Management team will review Point Click Care (PCC) alert options to determine if registered staff could be electronically notified to complete a clinically appropriate pain assessment tool (such as CPA) when a resident's PAINAD score is increasing, or has been ordered a one time or stat analgesic dose for new or worsening pain.



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Additionally, management team will review PCC alert options to determine if registered staff could be electronically notified to complete a comprehensive pain assessment (as indicated in policy) for residents that are cognitively impaired.

(c) if applicable, implement the PCC electronic flagging option as per (b) above and demonstrate this to inspectors upon request, keeping a record of the implementation date.

**Grounds**

1. The licensee failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for that purpose.

Review of a resident's clinical health records confirmed that a comprehensive pain assessment (CPA) was not conducted for a resident when the resident's pain worsened after a fall.

As a result of failing to complete a CPA when a resident's pain worsened, the resident's pain was unmanaged and they continued to experience emotional and physical trauma.

Sources: A resident's clinical health records, the home's policies and procedures, and an interview with a Registered Practical Nurse and Nursing Practice Manager.

2. The licensee failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Review of a resident's written plan of care confirmed that a CPA was to be conducted to assess the resident's pain.

Review of a resident's clinical health records confirmed that after an incident that caused injury to the resident, the resident's pain increased, requiring "as necessary"

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(PRN) analgesic's to be administered and a CPA was not conducted. Additionally, a CPA was not conducted after PRN analgesics were administered to assess their effectiveness. Furthermore, a CPA was not conducted until several days after confirmed diagnosis of an injury.

An interview with an RPN confirmed that a CPA was not conducted for a resident after an incident, and not conducted after administration of PRN analgesics to determine their effectiveness and should have been.

Failure to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument has placed the resident at increased risk for an exacerbation of unrelieved pain.

Sources: A Critical Incident Report, a resident's clinical health records, the home's policies and procedures, and an interview with an RPN.

**This order must be complied with by** February 17, 2025.

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and

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(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).