



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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347 Preston St., 4th Floor
Ottawa ON K1S 3J4

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347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
July 14, 2010	2010_103_2693_14Jul221319	Critical Incident (M546-000022-10) Log # O-000196

Licensee/Titulaire
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 St., Beaverton, ON L0K 1A0 Fax #1-705-426-4218

Name of Inspector(s)/Nom de l'inspecteur(s)
Darlene Murphy (ID#103)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to resident to resident abuse.

During the course of the inspection, the inspector spoke with 3 Personal Support Workers, 1 Registered Nurse, 1 Registered Practical Nurse, 1 family member and 1 activity aide.

During the course of the inspection, the inspector did a walkthrough of the Resident Home Area to observe resident care and reviewed the health care records of 2 residents.

The following Inspection Protocols were used during this inspection:

- Prevention of Abuse and Neglect
- Responsive Behaviors

There are no findings of Non-Compliance as a result of this inspection.



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NON- COMPLIANCE / (Non-respectés)

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Oct 14/10 Darlene Murphy

Title:

Date:

Date of Report: (if different from date(s) of inspection).