Ontario

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

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

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

Telephone: 613-569-5602
Facsimile: 613-569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
Ottawa ON K1S 3J4

Téléphone: 613-569-5602
Télécopieur: 613-569-9670

☐ 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
October 18, 2010	2010_157_9546_19Oct115235	Complaint Log #0-001639

Licensee/Titulaire
Regional Municipality of Durham, 605 Rossland Rd.,East, Whitby, ON L1N 6A3 Fax: (905)668-1567

Long-Term Care Home/Foyer de soins de longue durée
Lakeview Manor, 133 Main St., Beaverton, ON L0K 1A0 Fax: (705)426-4218

Name of Inspector(s)/Nom de l'inspecteur(s)
Caroline Tompkins, #166
Pat Powers, #157

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint investigation related to the care and services provided to a resident of the home.

During the course of the inspection, the inspectors spoke with the resident, the home's Administrator, the home's Director of Care, one Registered Nurse (RN), and three Personal Support Workers (PSW).

During the course of the inspection, the inspectors observed the nursing unit and reviewed the clinical health records of residents on that unit.

It was noted that the resident was no longer on the secure unit at the time of this inspection.

The following Inspection Protocol was used during this inspection:
Dignity, Choice and Privacy Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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.)	Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s.3(1) Every licensee of a long term care home shall ensure that the following rights of residents are fully respected and promoted:
9. Every resident has the right to have his or her participation in decision making respected.
11. Every resident has the right to, 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 the consequences of giving or refusing consent.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long – term care home.

Findings:
In determining the need for the use of a restraint:
1. The home failed to respect a resident's right to participate in decision making.
2. The home failed to respect a resident's right to refuse consent to treatment, care or services.
3. The home failed to respect a resident's right to participate in the life of the long term care home.

Inspector ID #:	157, 166

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s.6
(10) The licensee shall ensure that a resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when: (b) the resident's care needs change or care set out in the plan is no longer necessary

Findings:
An identified resident's plan of care did not accurately represent a change in the resident's care needs as required by the Long Term Care Homes Act, Section 6(10)(b).

Inspector ID #:	157, 166

WN #3: The Licensee has failed to comply with O.Reg. 79/10, Section 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that that any restraining that is necessary is done in accordance with this Act and the regulations; and
(b) Shall ensure that the policy is complied with.

Findings:
The procedures followed for the restraining of an identified resident were not in compliance with the home's policy "Restraints: Use of Chemical, Physical and Environmental "

Inspector ID #:	157, 166

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s.30 (1) Every licensee of a long-term care home shall ensure that no resident of the home is: 5. Restrained, by the use of barriers, lock or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c.8, s. 30(1).	
Findings: An identified resident was restrained contrary to the requirements of the Long Term Care Homes Act, Section 30(1)5.	
Inspector ID #:	157, 166

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.** COM jM Parland for Pat Powers Oct 28/10
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).