



**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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 4, 5, 7, 19, 20, 26, Nov 2, 3, 4, 2011	2011_048175_0017	Critical Incident

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 Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Administrator (Adm), Director of Resident Care (DOC), Identified Resident Care Co-ordinator (RCC), identified resident

During the course of the inspection, the inspector(s) reviewed Critical Incident Report (CI), identified employee employment file Home's Abuse Reporting, Investigation and Prevention Policies and Procedures , observed resident:staff interaction on identified Resident Home Area including identified resident room

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect
Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. Review of the identified employee file indicated:

The identified employee has been disciplined for 5 separate incidents of resident abuse during employment with the home.

2.The DOC reported that the identified employee needs to be re-educated however, the DOC confirmed the employee "has not yet attended Mandatory Training on Resident Abuse for 2011", 3 months after the fifth incident of abuse.

3.the licensee failed to ensure that residents are protected from the above identified employee who has demonstrated a pattern of behaviour that is "alarming", (the home's confirmation), including 5 incidents of abusive behaviour toward residents living in the home.

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 all residents are protected from abuse by an identified employee of the home who has been disciplined related to five incidents of resident abuse., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

The home's Policy: Abuse & Neglect-Prevention indicates that the Long Term Care (LTC) Division of the Region of Durham recognizes and supports the right of every resident living in the Region of Durham's Long Term Care Homes to live in a safe environment free from abuse and neglect and to be treated with dignity and unconditional positive regard. Resident's rights are to be respected at all times and in all circumstances.

2.A review of an identified employee file indicated the identified employee has been disciplined for 5 separate incidents of resident abuse.

3.The DOC reported that the identified employee needs to be re-educated however, the DOC confirmed that the identified employee "has not yet attended Mandatory Training on Resident Abuse for 2011", 3 months after the fifth incident of abuse.

4.The licensee failed to ensure that residents are protected from the above identified employee who has demonstrated a pattern of behaviour that is "alarming", including 5 incidents of abusive behaviour toward residents living in the home.

5.The DOC reported the employee needs to be re-educated however, she confirmed that the employee "has not yet attended Mandatory Training on Resident Abuse for 2011" 3 months after the last incident.

6.The licensee failed to ensure that the home's Abuse- Prevention Policy to support the right of every resident living in the Region of Durham's Long Term Care Homes to live in a safe environment free from abuse and neglect and to be treated with dignity and unconditional positive regard.

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's policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act

Specifically failed to comply with the following subsections:

s. 104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
 - i. names of all residents involved in the incident,
 - ii. names of any staff members or other persons who were present at or discovered the incident, and
 - iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
 - i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and
 - v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 104 (1).

Findings/Faits saillants :

1. The name of the accused identified employee, who was confirmed to verbally abuse an identified resident, was not included in the identified Critical Incident Report.

Issued on this 22nd day of November, 2011

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