

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: December 8, 2025
Inspection Number: 2025-1563-0006
Inspection Type: Critical Incident
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): November 25, 26, 27, 2025 and December 2, 3, 4, 8, 2025

The inspection occurred offsite on the following date(s): November 28, 2025, and December 3, 2025.

The following intake(s) were inspected:

- A Critical Incident Report (CIR) Intake related resident to resident altercation.
- A CIR Intake related to a disease outbreak.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

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Review of a resident's Care Plan and Kardex, confirmed an earlier intervention was indicated that contradicted a recent intervention that was indicated. A Resident Care Coordinator (RCC) confirmed that there was inconsistent staff direction in a resident's Care Plan and that it required updating.

Sources: A CIR, a resident's clinical health records, the home's relevant policies/procedures, and an interview with staff.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

Review of two resident's Progress Notes, confirmed that required symptom monitoring for the residents was not documented on specific dates/times as required.

Sources: A CIR, two resident's electronic health records, the home's relevant policies and procedures, and an interview with staff.

WRITTEN NOTIFICATION: NOTIFICATION RE INCIDENTS

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

Non-compliance with: O. Reg. 246/22, s. 104 (2)

Notification re incidents

s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

Review of a resident's Progress Notes, confirmed that the resident's Power of Attorney (POA) was not updated upon completion of an investigation. Furthermore, an RCC confirmed that the home investigated an incident and that the resident's POA was not updated upon the completion of the investigation.



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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Sources: A CIR, a resident's clinical health records, the home's relevant policies/procedures, and an interview with staff.



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