



**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 |
|----------------------------------------------------|-----------------------------------|---------------------------------------|
| Sep 19, 20, 21, 22, 23, 2011; Feb 21, 23, 24, 2012 | 2011_051106_0015                  | Mandatory Reporting                   |

**Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

**Long-Term Care Home/Foyer de soins de longue durée**

LAKEHEAD MANOR  
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MARGOT BURNS-PROUTY (106)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Mandatory Reporting inspection.

During the course of the inspection, the inspector(s) spoke with Acting Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Restorative Care Assistants (RCA) and residents.

During the course of the inspection, the inspector(s) conducted a walk through of resident home areas and various common areas, observed care provided to residents in the home, and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

**Legendé**

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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.

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. 6. Plan of care**

**Specifically failed to comply with the following subsections:**

**s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).**

**Findings/Faits saillants :**

1. A resident was admitted to the home on September 13, 2011. On Sept 21, 2011 at 1707 hours, inspector 106, asked the RPN where the plan of care for the resident was. The RPN stated that the resident was only admitted last week and they would not have a care plan in the binder yet. When inspector 106 asked the RPN where the resident's 24 hour plan of care was kept the RPN stated that they had completed the 24 hour plan of care online but had not had time to print it out. The RPN was asked how the PSWs and other staff members that do not have access to the homes computer system, would know what care to provide to the resident. The RPN stated, "hopefully they would ask me a lot of questions". The licensee failed to ensure that staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. [LTCHA, 2007, S. O. 2007, c. 8, s. 6 (8)](106)

**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 :**

1. A mandatory report indicates that on July 17, 2011 a housekeeper witnessed a RPN verbally and emotionally abuse a resident. The housekeeper did not report this to management until August 16, 2011. The home's Resident Non-Abuse policy, index number LP-B-20 states, " Any employee or person who becomes aware of an alleged, suspected or witnessed resident incident of abuse or neglect will report it immediately to the Executive Director (ED) or, if unavailable to the most senior Supervisor on shift at that time." The licensee failed to ensure that the written policy in place that promotes zero tolerance of abuse and neglect of residents was complied with. [LTCHA, 2007, S. O. 2007, c. 8, s. 20 (1)] (106)

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance**

**Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,**

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,**
  - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**
  - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.**

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**Findings/Faits saillants :**

1. The Acting Administrator provided inspector 106 with the home's Resident Non-Abuse policy. The policy does not provide for training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care. The licensee failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents identifies the training and retraining requirements for all staff including, training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care. [O. Reg. 79/10, s. 96 (e) (i)] (106)

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
  - i. persons who may dispense, prescribe or administer drugs in the home, and**
  - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

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**Findings/Faits saillants :**

1. On September 21, 2011 at 1646 hours, inspector 106 found the medication room door open and the medication cart was inside the medication room unattended and unlocked. At 1650 hours a RPN came and closed the medication room door. The licensee failed to ensure that all areas where drugs are stored shall be kept locked at all times, when not in use. [O. Reg. 79/10, s. 130 (1)] (106)



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**Issued on this 24th day of February, 2012**

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

A handwritten signature in black ink, appearing to be "M. S. P.", is written within the signature box.