



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 30, 2017	2017_378116_0002	000659-17	Resident Quality Inspection

---

**Licensee/Titulaire de permis**

BROADVIEW FOUNDATION  
3555 DANFORTH AVENUE TORONTO ON M1L 1E3

---

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

CHESTER VILLAGE  
3555 DANFORTH AVENUE TORONTO ON M1L 1E3

---

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

SARAN DANIEL-DODD (116), JUDITH HART (513)

---

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

---



**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): January 10, 11, 12, 13, 16, 17, 18, 19, 20, 23, 24, 2017.**

**During the course of the inspection, the inspector(s) conducted a tour of the home, observed the provision of resident care and medication administration, staff-resident interactions, reviewed the home's records, policies and procedures, Resident Council and Family Council minutes, and residents' health records.**

**The following complaint intakes were conducted concurrently with the RQI: 009033 -16, 017806-15, 006318-15.**

**During the course of the inspection, the inspector(s) spoke with the chief executive officer (CEO), director of care (DOC), assistant director of care (ADOC), nurse manager, resident assessment instrument - minimum data set (RAI-MDS) coordinator, environmental services manager (ESM), registered dietitian (RD), food services supervisor (FSS), registered nursing staff, personal support workers (PSWs), dietary aide, housekeepers, President(s) of the Residents' and Family Councils, residents, family members and volunteer(s).**

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

**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Family Council  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Residents' Council  
Skin and Wound Care**



During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 O.Reg 79/10, s. 73. Dining and snack service**

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

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**  
**2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the dining and snack service includes a review of the meal and snack times by the Residents' Council.

A review of Residents' Council minutes for the period of 2016 for meal and snack times was conducted. No notation was found for the discussion of meal times.

An interview with the Food Services Supervisor (FSS) identified no notations were made in the Food Committee minutes for the discussion of meal times, nor could he/she recall a discussion of meal times. The FSS further confirmed that a review of the meal times was not conducted by the Residents' Council. The Chief Executive Officer (CEO) stated it was an expectation that meal times would be reviewed by Residents' Council annually. [s. 73. (1) 2.]

***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 dining and snack service includes a review of the meal and snack times by the Residents' Council, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart, that is used exclusively for drugs and drug-related supplies.

On an identified date, an observation of the medication cart on an identified unit revealed the following items were locked in the controlled substances compartment:

- one gold coloured ring with stone;
- three elastic wrap bandages;
- one empty business envelope;
- two pairs of small nail scissors wrapped in paper in a clear bag;
- one personal card for resident #025;
- one pair of glasses in a black glass case,
- one knife with a black handle;
- two small brown envelopes stapled together for resident #026;
- one small brown envelope with coins for resident #027;
- three boxes of Polygrip
- and one box of labels.

The Medication Storage policy (#04-01-05) indicated all drugs should be stored in an area or medication cart that is used exclusively for drug and drug related supplies.

Interviews with registered staff # 111 and the DOC confirmed the above objects are not to be stored in the controlled substances bin of the medication cart. [s. 129. (1) (a)]



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

***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 drugs are stored in an area or a medication cart, that is used exclusively for drugs and drug-related supplies, to be implemented voluntarily.***

---

**Issued on this 1st day of February, 2017**

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

**Original report signed by the inspector.**