Ontario

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

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: March 14, 2023

Inspection Number: 2023-1453-0002

Inspection Type:
Follow up
Critical Incident System

Licensee: Broadview Foundation

Long Term Care Home and City: Chester Village, Toronto

Lead Inspector	**Inspector Digital Signature**
Ryan Randhawa (741073)	Ryan Randhawa Digitally signed by Ryan Randhawa Date: 2023.03.15 14:15:26 -04'00'

Additional Inspector(s)
Nira Khemraj (741716)

INSPECTION SUMMARY

The inspection occurred on the following date(s):
March 7-10, 2023

The following intake(s) were inspected:

- Intake: #00003592 - [CI: 2970-000015-21] - was related to unsafe transferring and positioning
- Intake: #00018909 - Follow-up Inspection to a Compliance Order (CO) #001: O.Reg. 246/22 - s. 140 (2) – was related to administration of drugs
- Intake: #00018910 - Follow-up Inspection to a Compliance Order (CO) #002: FLTCA, 2021 - s. 6 (9) 1 – was related to documentation practices with insulin administration
- Intake: #00018911 - Follow-up Inspection to a Compliance Order (CO) #003: FLTCA, 2021 - s. 6 (7) – was related to plan of care

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2023-1453-0001 related to O.Reg. 246/22, s. 140 (2) inspected by Nira

Khemraj (741716)

Order #002 from Inspection #2023-1453-0001 related to FLTCA, 2021, s. 6 (9) 1. inspected by Nira Khemraj (741716)

Order #003 from Inspection #2023-1453-0001 related to FLTCA, 2021, s. 6 (7) inspected by Nira Khemraj (741716)

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O.Reg. 246/22, s. 138 (1) (a) (ii)

The licensee has failed to ensure that drugs stored in a medication cart was secure and locked.

On March 7, 2023, a medication cart was left unattended and unlocked in the hallway on a resident home area. RPN #105 was observed going into the television area without locking the medication cart. RPN #105 locked the medication cart after being informed that it was unlocked.

RPN #105 acknowledged that they were expected to lock the medication cart when it was left unattended. DOC #107 acknowledged that when the medication cart was left unlocked and unattended, there was an increased risk that residents could access any of the drugs stored within it.

Date Remedy Implemented: March 7, 2023

Sources: Observations on March 7, 2023; interviews with RPN #105, DOC #107 and others.

[741073]

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 79/10, s. 36

The licensee has failed to ensure that staff used safe transferring and positioning techniques for resident #001.

Rationale and Summary

The home submitted a CIS report for an injury sustained related to positioning.

A PSW student failed to ensure the resident was positioned safely in their mobility device before portering them to another room. The resident sustained an injury as a result.

ADOC #100 verified that resident #001 required the footrests of the mobility device to be locked in position when being portered.

There was risk to resident #001 as the failure of staff to use safe positioning techniques with resident #001 resulted in injury to the resident.

Sources: Review of CIS report; the LTCH's investigation notes; review of resident #001's clinical record; interviews with ADOC #100 and other staff.

[741073]

WRITTEN NOTIFICATION: Policies to be followed

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 79/10, s. 8 (1) (b)

The licensee has failed to ensure that the LTCH's pain management program policy was complied with

when a pain assessment was not completed for resident #001 when they were in pain and there was a significant condition change.

O. Reg. 79/10 s. 30 (1) 1, requires the licensee to ensure that there is a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required and must be complied with.

Specifically, staff did not comply with the "Pain Management Program" policy dated August 1, 2011, which was included in the licensee's Pain Management Program.

Rationale and Summary

The home's policy "Pain Management Program" stated that each resident must have a formal pain assessment on admission and be reassessed on readmission, quarterly and at significant condition changes.

On a day in November 2021, resident #001's extremity was swollen and painful to touch on movement, as resident cannot verbalize pain. Scheduled pain medication was given by RPN #103 but a pain assessment was not completed. The resident was then transferred to the hospital and returned the next day with a diagnosed injury.

ADOC #100 acknowledged that RPN #103 was required to complete a pain assessment when resident #001 was in pain and there was a significant condition change.

There was no impact to resident #001's health status as a result of the pain assessment not being conducted. ADOC #100 acknowledged that there was risk to the resident when the pain assessment was not completed as the resident's pain could be misinterpreted.

Sources: Resident #001's progress notes, and assessments; home's policy "Pain Management Program" dated, August 1, 2011; interviews with RPN #103, ADOC #100 and other staff.

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