



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

**Rapport d'inspection
prevue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor

Bureau régional de services de Toronto
55, avenue St. Clair ouest, 8^{iem} étage
Ottawa ON K1S 3J4

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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		Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
October 19, 2010	2010_101_2970_26Oct144829	Other Visit	
	2010_113_2970_26Oct145941	T- 2789	
Licensee/Titulaire			
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(s)			
Jane Carruthers (113) and Amanda Williams (101)			
Inspection Summary/Sommaire d'inspection:			
The purpose of this inspection was the result of the inspectors identifying additional findings of non-compliance unrelated to the complaint inspection conducted at the same time.			
During the course of the inspection, the inspectors spoke with: the Administrator, the Environmental Services Manager, housekeeping staff, front-line nursing staff and registered nursing staff.			
During the course of the inspection, the inspectors: conducted a walk-through of resident home areas, completed measurements on resident beds with bed rails and recorded air and water temperatures.			
The following Inspection Protocols were used during this inspection: Accommodation- Housekeeping Safe and Secure Infection Prevention and Control Medication Inspection			
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:			
7 WN 3 VPC 3 CO: CO #001, #002 & #003			

NON-COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur la *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8. s.15 (2)(c). Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. Significant gaps were noted between the mattress and foot or headboard of resident beds creating potential areas of entrapment and unsafe conditions to residents. (Rooms G32, G28, G78, G64, G62, G60, 4-22).

Inspector ID #: 113 & 101

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8. s. 3(1)4. Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

Findings:

1. The inspectors interviewed 3 Personal Support Workers (PSWs) in the House of Diamonds Resident Home Area (RHA) regarding the cold air temperatures recorded at 17.8 degrees Celsius in the shower room. All 3 staff stated they did conduct showers in the previously stated shower room. When asked if they noticed that the room was cold, they stated yes but continued to shower the residents in the room because they cannot control the temperature as they were under the impression that the temperature control is kept locked in the kitchen. They stated that the temperature control in the tub room heats up the nursing station and that it is maintenance that has the key and controls the temperature of the bathing area. They did not know if maintenance was aware of the problem.

Inspector ID #: 113 & 101

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 staff implement alternative bathing practices and location when shower room air temperatures fall below the required 22C. This plan is to be implemented voluntarily.



WN #3: The Licensee has failed to comply with O. Reg 79/10 s. 130.1. 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: All areas where drugs are stored shall be kept locked at all times, when not in use.	
Findings: 1. On October 19, 2010 at ~3:13pm, the treatment room on unit 4 Emerald was unlocked with the door open and an unlocked treatment cart present. Prescribed treatments were noted on top of the cart as well as inside the unlocked drawers. The room was left unattended.	
Inspector ID #:	113 & 101
Additional Required Actions: CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.	
WN #4: The Licensee has failed to comply with O. Reg 79/10 s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.	
Findings: 1. Air temperatures in the House of Diamonds Tub/Shower room were recorded to read 17.8C.	
Inspector ID #:	113 & 101
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 the home, including all tub/shower rooms are maintained at a minimum temperature of 22 degrees Celsius. This plan is to be implemented voluntarily.	
WN #5: The Licensee has failed to comply with O. Reg 79/10 s. 229(4). s. 229 (1) Every licensee of a long-term care home shall ensure that the infection prevention control program required under subsection 86(1) of the Act complies with the requirements of this section. (4) The licensee shall ensure that all staff participate in the implementation of the program.	
Findings: 1. Nursing staff interviewed were unaware of appropriate cleaning and disinfecting techniques between resident use of personal care equipment (i.e. commodes and shower chairs). 2. An identified housekeeper was noted to use the same cleaning cloth on many high contact surfaces in resident rooms, the corridor and resident washrooms throughout one RHA.	
Inspector ID #:	113 & 101
Additional Required Actions: CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.	
WN #6: The Licensee has failed to comply with O. Reg 79/10 s. 87(2)(b)(d). As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (b) cleaning and disinfection of resident care equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services devices, assistive aids,	



and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications;
(d) addressing incidents of lingering offensive odours.

Findings:

1. Personal Support Workers (PSWs) interviewed in an identified Resident Home Areas (RHAs) do not clean and disinfectant shared personal care equipment (i.e. commodes and shower chairs) between resident use using a hospital grade disinfectant. The PSWs interviewed stated Isogel, neutral floor cleaner and/or a towel are used to clean the surfaces of the shared personal care equipment if visibly soiled.
2. Lingering pervasive odours were noted in resident rooms and corridors. (Rooms G24, 4-149, 4-24, 3-64, and the southwest corridor of 3rd floor Ruby RHA).

Inspector ID #: 113 & 101

Additional Required Actions:
NONE

WN #7: The Licensee has failed to comply with O. Reg 79/10 s. 87(3). The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

Findings:

1. No disinfectant was present or available to Personal Support Workers (PSWs) for cleaning and disinfecting shared personal care equipment between resident use in the following areas:
 - Diamond Shower Room and the entire unit
 - 4th (Amethyst) - 1 of 2 care caddy carts belonging to the bath teams had disinfectant present
 - 4th (Emerald)- 1 of 3 care caddy carts belonging to the bath teams had disinfectant present
 - 3rd (Jade) - no disinfectant was available to nursing staff in the shower room or care caddy carts for use on personal care equipment between resident use.
 - 3rd (Ruby)- no disinfectant was available to nursing staff in the shower room or care caddy carts for use on personal care equipment between resident use.

Inspector ID #: 113 & 101

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 disinfecting products are readily available to staff at all times. This plan is to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
Title:	Date:	Date of Report (if different from date(s) of inspection), <i>November 23, 2010</i>	



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Name of Inspector:	Jane Carruthers and Amanda Williams	Inspector ID # 113 & 101
Log #:	T-2789	
Inspection Report #:	2010_101_2970_26Oct144829 2010_113_2970_26Oct145941	
Type of Inspection:	Other Visit	
Date of Inspection:	October 19, 2010	
Licensee:	Broadview Foundation, 3555 Danforth Avenue, Toronto, ON, M1L 1E3	
LTC Home:	Chester Village, 3555 Danforth Avenue, Toronto, ON, M1L 1E3	
Name of Administrator:	Cynthia Diotte	

To Broadview Foundation, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: LTCHA, 2007, S.O. 2007, c.8. s.15 (2)(c). Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.			
Order: The licensee shall ensure that all beds in the home are maintained in a safe condition that includes ensuring that there are no gaps present at the head or foot of the bed greater than 4 ¾ inches.			
Grounds: 1. Significant gaps were noted between the mattress and foot or headboard of seven identified resident beds creating potential zones of entrapment and unsafe conditions to residents.			
This order must be complied with by:		December 1, 2010	



Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
<p>Pursuant to: O. Reg 79/10 s. 130.1. 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: All areas where drugs are stored shall be kept locked at all times, when not in use.</p>			
<p>Order: The licensee shall ensure that all supplies of drugs are kept secured and access to the area where drugs are stored is kept locked at all times when not in use.</p>			
<p>Grounds: 1. On October 19, 2010 at ~3:13pm, the treatment room on unit 4 Emerald was unlocked with the door open and an unlocked treatment cart present. Prescribed treatments were noted on top of the cart as well as inside the unlocked drawers. The room was left unattended.</p>			
This order must be complied with by:		Immediately	
Order #:	003	Order Type:	Compliance Order, Section 153 (1)(a)
<p>Pursuant to: O. Reg 79/10 s. 229(4). s. 229 (1) Every licensee of a long-term care home shall ensure that the infection prevention control program required under subsection 86(1) of the Act complies with the requirements of this section. (4) The licensee shall ensure that all staff participate in the implementation of the program.</p>			
<p>Order: 1. The licensee shall ensure that all staff are educated in evidenced based practices pertaining to cleaning and disinfecting techniques and product use. 2. The licensee shall ensure that cleaning and disinfecting supplies are made readily available to staff at all times and that a communication and identification system is in place when supplies run low or out.</p>			
<p>Grounds: 1. Nursing staff were unaware of appropriate cleaning and disinfecting techniques on shared personal care equipment (i.e. commodes and shower chairs) between resident use. 2. Disinfectant was not readily available to nursing staff for use between resident care on shared personal care equipment. 3. Cross contamination practices of soiled to clean items and surfaces by an identified housekeeper was noted.</p>			
This order must be complied with by:		January 3, 2011	



Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
 Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 Ministry of Health and Long-Term Care
 55 St. Clair Ave. West
 Suite 800, 8th floor
 Toronto, ON M4V 2Y2
 Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 55 St. Claire Avenue, West
 Suite 800, 8th Floor
 Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this	19 th day of November 2010.
Signature of Inspector:	
Name of Inspector:	Amanda Williams (101)
Service Area Office:	TORONTO