



**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 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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 17, 2017	2017_450138_0001	035424-16	Resident Quality Inspection

Licensee/Titulaire de permis

BROADVIEW NURSING CENTRE LIMITED
210 Brockville Street Smiths Falls ON K7A 3Z4

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

BROADVIEW NURSING CENTRE
210 Brockville Street Smiths Falls ON K7A 3Z4

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

PAULA MACDONALD (138), MICHELLE JONES (655)

Inspection Summary/Résumé de l'inspection



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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, and 16, 2017.

During the course of the inspection, the inspector(s) spoke with residents, family members, the Chair of the Residents' Council, the Administrator, the Director of Care, the Associate Director of Care, the Resident Assessment Instrument Coordinator, the Director of Activities, the Director of Food Service, registered nurses, registered practical nurses, personal care workers, food service workers, a physiotherapy assistant, and a housekeeping aide.

The inspectors toured resident and non residential areas, reviewed resident health care records, reviewed Family Council letters of invitation, reviewed Residents' Council minutes, observed a medication pass, and reviewed the Infection Prevention and Control Manual.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Safe and Secure Home**

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

**2 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



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

Legendé

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).

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

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. 9. Doors in a home



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Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :



1. The licensee has failed to ensure that all doors leading to non-residential areas are locked when they are not being supervised by staff.

During a tour of the home on January 10, 2017, the Clean Laundry room door was observed to be left open and unlocked. During the same tour, the closet door inside the tub room and the Linen Room door were both observed to be closed but unlocked. None of the unlocked rooms were in use by staff at the time of the observations.

On the same day, Inspector #655 observed a Clorox disinfectant spray and Lysol disinfecting wipes to be sitting on open shelving inside the unlocked linen room. No call bell was found by the inspector in this room.

The same linen room door was observed to be open, unlocked and unsupervised again on January 12 at 1343 and January 16, 2017 at 0930.

During an interview on January 16, 2017, Physiotherapy Assistant (PTA) #100 indicated to Inspector #655 that she uses the room labelled "linen" as an office space when she is in the home. PTA #100 indicated that when she is in the home, she normally leaves the door unlocked, and propped open. PTA #100 indicated that this room is not to be used by residents.

During an interview on January 16, 2017, RN #101 indicated to Inspector #655 that the linen room door is left open when physiotherapy staff is here. RN #101 indicated that when there is no staff member in the linen room, it is expected that the door is kept closed.

At 1000 on January 16, 2016, the linen room door remained open, unlocked and unsupervised. At the same time, Administrator #102 indicated that the linen room door is expected to be closed and locked when not in use. [s. 9. (1) 2.]

WN #2: 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.

During an interview on January 13, 2017, the Residents' Council Chair, resident #041, indicated to Inspector #655 that the meal and snack times had not been reviewed by Residents' Council.

During an interview on January 16, 2017, Food Services Director #104 indicated to Inspector #655 that it is the responsibility of Activity Director #103 to complete the review of meal and snack times with the Residents' Council on a yearly basis.

During an interview on January 16, 2017, Activity Director #103 was unable to identify a date in 2016 when the meal and snack times were reviewed by Residents' Council and was unable to locate any supporting documentation.

On January 16, 2017, Administrator #102 confirmed that there was no documentation to demonstrate that the meal and snack times had been reviewed with Residents' Council in 2016. [s. 73. (1) 2.]



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Issued on this 17th day of January, 2017

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

Original report signed by the inspector.