

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: March 13, 2025

Inspection Number: 2025-1185-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Broadview Nursing Centre Limited

Long Term Care Home and City: Broadview Nursing Centre, Smiths Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 19, 20, 24, 25, 26, 27, 2025 and March 3, 4, 5, 6, 7, 2025

The following intake(s) were inspected:

- Intake: #00140215 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Communication and response system

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that the resident-staff communication and response system was able to be easily used by one resident.

The resident's communication and response system was observed to be malfunctioning. Specifically, the call bell button had to be held down for the communication and response system to continue to be activated until staff responded. The Maintenance Manager and the Administrator acknowledged this has occurred in other resident rooms and that they were able re-wire the call bell button so it functions properly.

Sources: Observation; Interview with the Maintenance Manager and the Administrator

COMPLIANCE ORDER CO #001 Doors in a home

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

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Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. 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.

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Provide education to all staff regarding doors to non-resident areas, specifically that these doors must remain closed and locked when unsupervised by staff.

B) Develop and complete an audit of all doors to non-resident areas, ensuring that these doors are closed and locked when unsupervised by staff members. The audits shall be completed each shift for a period of two weeks, and until consistent compliance is identified.

C) If doors to non-resident areas are found to be open, unlocked, and unsupervised during the auditing process, immediate corrective action shall be taken.

A written record shall be kept of everything required under (A), (B), and (C) until the Ministry of Long-Term Care has complied this order.

Grounds

The licensee has failed to ensure that doors leading to non-resident areas were kept closed and locked when they were not supervised by staff.

On a specified date, doors leading to the staff break room, the hair salon, the two

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tub rooms, and one of the doors to the laundry area were found unlocked and unsupervised by staff. Hazardous substances were found easily accessible to residents inside the hair salon, the two tub rooms, and the laundry room. The Director of Care (DOC) was informed on the same day of the doors found to be unlocked and unsupervised.

However, the following day, the doors to the two tub rooms and the laundry room were again found open and unsupervised by staff with the same hazardous substances in an accessible location. Further, several days later, the door to a soiled utility room and the door to the mechanical room were found open and unsupervised by staff.

Sources: Observations; Safety Data Sheets; Interview with the Arjo representative and the DOC.

This order must be complied with by April 11, 2025

COMPLIANCE ORDER CO #002 Air temperature

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Review and assess all components of the heating system to ensure all components are in good repair and can provide and maintain all areas of the home

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at a minimum temperature of 22 degrees Celsius.

B) Review the written procedure for monitoring air temperatures. Update the written procedure, as needed, to describe how air temperatures will be measured and monitored in the home and ensure it outlines corrective actions to be taken in the event that temperature monitoring indicates that the air temperature is less than 22 degrees Celsius in any area of the home.

C) Implement the updated written procedure for monitoring and responding to air temperatures in the home. This shall include, at minimum, providing training to all staff members who are responsible for air temperature monitoring in the home.

D) A member of the leadership team shall review the air temperature monitoring logs each day. If there are temperatures less than 22 degrees Celsius, immediate corrective action shall be taken.

A written record shall be kept for (A), (B), (C), and (D) until the Ministry of Long-Term Care has complied this order.

Grounds

The licensee has failed to ensure that the air temperature in the home was maintained at a minimum of 22 degrees Celsius during a specified month.

The temperature monitoring log for the specified month identified temperatures less than 22 degrees Celsius in areas of the home on seven dates. After a resident complaint during the inspection regarding the air temperature of a common area of the home, observation of the area identified the temperature as 20.5 degrees Celsius.

The Temperatures policy identified that temperatures less than 22 degrees Celsius

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were to be immediately reported to the Maintenance Manager and to the Administrator. However, the Maintenance Manager and the Administrator both identified they had not been informed on these dates. They explained that the nursing staff could adjust the temperature themselves using the thermostats, however a Registered Nurse (RN) stated that nursing staff do not have access to the thermostats. Further, the RN identified that the nursing staff monitor the air temperature each shift using a temperature monitoring tool that measures surface temperatures, not air temperatures.

Sources: Observation; Air temperature monitoring record; Policy: Temperatures; Interviews with a resident, a Registered Nurse, the Director of Care, the Maintenance Manager, and the Administrator.

This order must be complied with by April 25, 2025

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REVIEW/APEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP 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, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

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