

**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

**Public Report**

**Report Issue Date:** February 11, 2025

**Inspection Number:** 2025-1453-0001

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Broadview Foundation

**Long Term Care Home and City:** Chester Village, Toronto

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 21-24, 27-31, 2025 and February 3-4, 6-7, 10-11, 2025.

The following intake(s) were inspected in this complaint inspection:

- Intake: #00128996 was related to injury with unknown cause, alleged improper care and abuse, and resident care support and services.
- Intake: #00132738 was related to alleged neglect, plan of care and complaints procedure.
- Intake: #00133865 was related to transferring and positioning, plan of care and infection prevention and control (IPAC).
- Intake: #00133937 was related to a recreational substance.
- Intake: #00136097 was related to IPAC and outbreak management.

The following intake(s) were inspected in this critical incident (CI) inspection:

- Intake: #00134257 was related to falls with injury.

The following intake(s) were completed in this inspection:

- Intake: #00129260, Intake: #00132866, and Intake: #00135847 were related to falls with injury.

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

- Resident Care and Support Services
- Continence Care
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's care needs were re-assessed and their plan of care revised when their care needs changed. Staff acknowledged that the resident needed interventions to mitigate the risk of falls, as the resident would act independently and not ask for staff assistance.

**Sources:** Resident's clinical records, call-bell log, and staff interviews.

### WRITTEN NOTIFICATION: Complaints procedure - licensee

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NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to immediately forward to the Director a written complaint received by the home that concerned the care of a resident.

**Sources:** E-mail correspondence and staff interview.

## **WRITTEN NOTIFICATION: Required programs**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee failed to follow their fall prevention and management program policy when a resident had a fall and staff used an incorrect procedure to assist the resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure

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that the written policy developed for fall prevention and management is complied with.

Specifically, the home's fall prevention and management policy stated staff are to move the resident, ensuring that the proper lifting procedures are performed.

**Sources:** Home's investigation notes, staff interviews and Fall prevention and management program policy #RCSM-E-15, revised on November 28, 2024.

## WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that when a resident exhibited altered skin integrity, they received a skin assessment, using a clinically appropriate tool designed for that purpose.

**Sources:** Resident's clinical records, staff interview, Skin and Wound Management Policy #RCSM-C-35, updated December 18, 2024.

## WRITTEN NOTIFICATION: Pain management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.**

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Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee has failed to provide a resident with strategies to manage their pain when they complained of pain.

**Sources:** Resident's clinical records, staff interviews and, Pain Management Program Policy #RCSM-C-35, updated Dec. 4, 2024.

## **WRITTEN NOTIFICATION: Responsive behaviours**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee failed to implement the strategies developed to respond to a resident's responsive behaviours during care.

**Sources:** Resident's care plan, home's investigation notes and, staff interview.

## **WRITTEN NOTIFICATION: Infection prevention and control**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

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Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (e) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that point-of-care signage were in place for a resident requiring additional IPAC precautions.

**Sources:** Observations.

## **WRITTEN NOTIFICATION: Recreational cannabis**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 142 (1)**

Recreational cannabis

s. 142 (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of recreational cannabis in accordance with all applicable laws, including, without being limited to, the Cannabis Act (Canada) and the Cannabis Regulations (Canada).

The licensee has failed to comply with written policies and procedures to govern, with respect to residents, the possession and storage of recreational cannabis in accordance with all applicable laws, including, without being limited to, the Cannabis Act (Canada) and the Cannabis Regulations (Canada).

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In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policy developed for the management of recreational substances was complied with, when the home was made aware that a resident stored their recreational cannabis within a non-labeled container.

Specifically, the home's management of recreational cannabis policy stated that recreational substances will be contained in the original packaging and labelled indicating personal ownership.

**Sources:** Observation, staff interview and, Management of Recreational Substances Policy #RSCM-F-101, updated on December 9, 2024.

## **COMPLIANCE ORDER CO #001 Transferring and positioning techniques**

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### **Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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

The licensee shall:

- 1) Conduct audits of transfers performed by staff with residents following the service of this order.
- 2) Maintain a record of the audits in step one, to include but not limited to, the dates, full name of those who conducted the audits, full name of staff and residents involved in the audit, sign-off that documentation was completed in Point of Care (POC), results of the audits and actions taken in response to the audit findings, if applicable.

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3) Provide re-education to a staff on the importance of following the resident's plan of care for safe lifts and transfers and keeping up to date with changes to resident care needs. Maintain a record of the education provided, including the date, the staff who was educated and the staff member who provided the education.

**Grounds**

a. The licensee has failed to ensure a staff used safe transferring techniques when transferring a resident alone and using the incorrect transferring equipment.

**Sources:** Resident's care plan and, staff interview.

b. The licensee failed to ensure that staff used safe transferring techniques and positioning devices when assisting resident. The resident required a specified level of assistance and assistance that was provided was done unsafely. When a resident is transferred not using safe transferring techniques and positioning devices, this puts the resident at risk of injury.

**Sources:** Surveillance videos, resident's clinical records and staff interviews.

**This order must be complied with by** March 28, 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
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438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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](http://www.hsarb.on.ca).