Ontario

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

Rapport d'inspection prévue 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

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 ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
April 13, 14, 19, 2011	2011_113_2970_13Apr145930	Follow up – Log T-2789-10 Log T-2101-10

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

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow up inspection to resolve outstanding Compliance Orders.

During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Environmental Services Manager, Registered Nursing Staff and Housekeeping Staff.

During the course of the inspection, the inspector: conducted a walk-through of all Resident Home Areas (RHA) and completed measurements on resident beds with bed rails.

The following Inspection Protocols were used in part or in whole during this inspection: Accommodation Services – Housekeeping, Infection Prevention and Control and Safe and Secure Home Inspection Protocols.

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

[3] WN
[2] CO: CO # 001, 002

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

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'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *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 **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 April 19, 2011 at approximately 10:00am, the treatment room in House of Rubies RHA was unlocked with a treatment cart present. Prescribed treatments were noted on top of the treatment cart. The room was left unattended.
2. On April 19, 2011 at approximately 10:45am, a medication cart was left unlocked with prescribed treatments on top of the cart in House of Jade RHA. It was left unattended in the hallway, outside room 3-171.

Inspector ID #:	#113

Additional Required Actions:

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

WN #2: 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 and 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. Resident personal care equipment, basins, urine hats, raised toilet seats, and commode chair pots, were left on the floor of numerous residents' washrooms and tub/shower rooms.
2. Tubs were not cleaned and disinfected after use in House of Diamonds, House of Emeralds, House of Jade or House of Sapphires.
3. A lift in the tub room in House of Sapphires RHA was left soiled after use on April 19, 2011.
4. A soiled bed pad, a clear bag of garbage containing incontinence products and soiled towels were left in a resident's basin on the floor of an identified resident's room on April 14, 2011 at approximately 9:30am.

5. A staff member in House of Rubies took a clean care cart with a care caddy on the top into a soiled utility room as she disposed of garbage.

Inspector ID #:	113

Additional Required Actions:

CO # - [002] will be/was served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #3: The Licensee has failed to comply with **O. Reg 79/10, s. 18**
Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

Homes to which the 2009 design manual applies	
Location	**Lux**
Enclosed Stairways	**Minimum levels of 322.92 lux continuous consistent lighting throughout**
All corridors	**Minimum levels of 322.92 lux continuous consistent lighting throughout**
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms.	**Minimum levels of 322.92 lux**
All other homes	
Location	**Lux**
Stairways	**Minimum levels of 322.92 lux continuous consistent lighting throughout**
All Corridors	**Minimum levels of 215.28 lux continuous consistent lighting throughout**
In all other areas of the home	**Minimum levels of 215.84 lux**
Each drug cabinet	**Minimum levels of 1076.39 lux**
At the bed of each resident when the bed is at the reading position	**Minimum levels of 376.73 lux**

Findings:

1. The licensee failed to ensure that the lighting requirements in all corridors were maintained at a minimum level of 215.28 lux continuous consistent lighting throughout. On April 14, 2011, corridor lights were turned off in House of Diamonds (corridor G-58 to G-64/G62) and in House of Emeralds (Northeast wing and Southwest area beside Nursing Station).

Inspector ID #:	113

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007, c.8. s. 15 (2) (c)	CO	#001	2010_113_2970_26Oct145941 2010_101_2970_26Oct144829	#113
LTCHA, 2007, S.O. 2007, c.8. s. 15 (2) (a)	CO	#001	2010_113_2970_19Oct081958 2010_101_2970_19Oct095440	#113
LTCHA, 2007, S.O. 2007, c.8. s. 3(1)4	VPC		2010_113_2970_26Oct145941 2010_101_2970_26Oct144829	#113
O. Reg 79/10 s 21	VPC		2010_113_2970_26Oct145941 2010_101_2970_26Oct144829	#113
O. Reg 79/10 s. 87(3)	VPC		2010_113_2970_26Oct145941 2010_101_2970_26Oct144829	#113
O. Reg 79/10 s. 87 (2)(b)(d)	WN		2010_113_2970_26Oct145941 2010_101_2970_26Oct144829	#113

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. Jane Carruthers
Title: Date:	Date of Report: (if different from date(s) of inspection). June 3, 2011

Ontario

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

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 ☒ Public Copy/Copie Public		
Name of Inspector:	Jane Carruthers	**Inspector ID #**	113
Log #:	T-2789-10 and T-2101-10		
Inspection Report #:	2011_113_2970_13Apr145930		
Type of Inspection:	Follow up		
Date of Inspection:	April 13,14,19, 2011		
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 order(s) by the date(s) set out below:

Order #:	001	**Order Type:**	Compliance Order, Section 153 (1)(a)

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.

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.

Grounds:
On April 19, 2011 at approximately 10:00am, the treatment room in House of Rubies RHA was unlocked with a treatment cart present. Prescribed treatments were noted on top of the treatment cart. The room was left unattended.
On April 19, 2011 at approximately 10:45am, a medication cart was left unlocked with prescribed treatments on top of the cart in House of Jade RHA. It was left unattended in the hallway, outside room 3-171.

This order must be complied with by:	June 13, 2011

Order #:	002	**Order Type:**	Compliance Order, Section 153 (1)(a)

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 and 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.

Order:
The licensee shall educate and monitor to ensure that all staff participate in the implementation of the Infection Prevention and Control Program.

Grounds:

1. Resident personal care equipment, basins, urine hats, raised toilet seats, and commode chair pots, were left on the floor of numerous residents' washrooms and tub/shower rooms.
2. Tubs were not cleaned and disinfected after use in House of Diamonds, House of Emeralds, House of Jade or House of Sapphires.
3. A lift in the tub room in House of Sapphires RHA was left soiled after use on April 19, 2011.
4. A soiled bed pad, a clear bag of garbage containing incontinence products and soiled towels were left in a resident's basin on the floor of an identified resident's room on April 14, 2011 at approximately 9:30am.
5. A staff member in House of Rubies took a clean care cart with a care caddy on the top into a soiled utility room as she disposed of garbage.

This order must be complied with by:	June 30, 2011

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 3rd day of June, 2011.	
Signature of Inspector:	Jane Carruthers
Name of Inspector:	Jane Carruthers
Service Area Office:	Toronto Service Area – Newmarket Office