

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 5, 2022	2022_000733_0005	011806-21, 000811-22	Complaint

Licensee/Titulaire de permis

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 ou des inspecteurs

MARK MCGILL (733)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 21, 22, 23, 24, 25, 2022

Log 000811-22 was related to personal care and bathing.

Log 011806-21 was related to maintenance services, availability of supplies, pain management and falls prevention and management.

During the course of the inspection, the inspector(s) spoke with Chief Executive Officer (CEO), Acting Director of Care (ADOC), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Infection Prevention and Control Lead (IPAC). The inspector also viewed resident rooms and common areas and observed the provision of care to residents. IPAC practices also observed and reviewed. Resident health records were also reviewed.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Pain

Personal Support Services

Reporting and Complaints

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of the care set out in the plan of care is documented. The provision of resident care, including the provision of baths and showers, are documented in the residents health care record. A review of the resident's health care record indicated that the resident did receive their shower. However, between two dates, there was no documentation of the provision of showers in 6 instances. This lack of documentation was confirmed by two PSWs who indicated that a shower was given but not documented afterwards.

Sources: Record review of Resident #001's Point of care, interviews with PSWs. [s. 6. (9) 1.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure where any policy instituted or otherwise put in place is complied with.

Where the home is required to have a pain management program in place, the home has in place policy RCSM-C-35 entitled Pain Management. It notes that a Pain Assessment Tool be completed within 24 hours of admission. A resident was admitted to the home however their pain assessment was not completed until 8 days later.

Therefore, the homes pain management policy was not followed.

Sources: Record review of resident #002's chart, policy RCSM-C-35 Pain Management.
[s. 8. (1)]

Issued on this 11th day of May, 2022

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

Original report signed by the inspector.