

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

Original Public Report

Report Issue Date: May 18, 2023	
Inspection Number: 2023-1453-0003	
Inspection Type: Complaint	
Licensee: Broadview Foundation	
Long Term Care Home and City: Chester Village, Toronto	
Lead Inspector Christine Francis (740880)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 10-12, 15, 2023

The following intake(s) were inspected:

- Intake: #00084614 - IL-11623-TO - related to a complaint with concerns regarding neglect, dealing with complaints, continence care, and the communication and response system

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

Resident Care and Support Services
Contenance Care
Skin and Wound Prevention and Management
Infection Prevention and Control
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

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

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

The licensee has failed to ensure that resident #001 received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Rationale and Summary

On an identified date, resident #001's progress notes identified altered skin integrity with treatment provided, however no skin assessment was noted in the resident's clinical records.

Assistant Director of Care (ADOC) #103 acknowledged that a skin assessment should have been completed for the altered skin integrity that was identified, however it was not.

There was an increased risk that resident #001's skin impairment could have worsened when they were not assessed using a clinically appropriate assessment instrument when they presented with altered skin integrity.

Sources: Resident #001's clinical records, and interview with ADOC #103.

[740880]

WRITTEN NOTIFICATION: Complaints Procedure: Licensee

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

Non-compliance with: O. Reg. 246/22, s. 107

The licensee has failed to ensure that the written procedures required under clause 26 (1) (a) of the Act incorporated the requirements set out in section 108 of this Regulation.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that a "Customer Service Response Form" (CSRF) is completed for all complaints with a final copy provided to the Chief Executive Officer (CEO).

Specifically, the home did not comply with the policy entitled "Complaints," which was last reviewed on May 18, 2022.

Rationale and Summary

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The home's internal complaint log revealed that an initial verbal complaint was received on an identified date regarding the care of resident #001. The home's complaints policy, entitled "Complaints," was last reviewed on May 18, 2022, and indicated that a CSRF must be completed for all complaints with a final copy provided to the CEO. Upon review of the home's internal complaint log, there was no CSRF completed.

Assistant Director of Care (ADOC) #103 acknowledged that the home's policy was not complied with, and that a CSRF was not completed. CEO #104 also acknowledged that a CSRF was not completed, and they did not receive a final copy.

Sources: The home's internal complaint log, the "Complaints" policy (last reviewed May 18, 2022), and interview with ADOC #103 and CEO #104.

[740880]