

Chester Village Long Term Care

RESIDENTS' COUNCIL MEETING MINUTES

Date: Thursday, March 26th 2026

Time: 2:15 PM

Location: Village Hall

Resident's Councils Representatives:

Heather McCormack (Resident Council Representative)

Thomas Gilmore (Second Representative)

Resident Council Assistant:

Bethesda Galindez (Activation Manager)

Approved Guest(s):

Lynda Southwick (FCC), and Activation Aide(s) to support meeting.

Volunteer, Harry F., and visitor Lorie B.

Residents in Attendance: Agnes A., Charles F., Daniel A., Diane R., Earl B., Earl P., Elaine A., Heather M., Jane B. (Virtual), John L., Katherine G., Khadija H., Lin Fah C., Man Yee K., Michael B., Sarah C., and Thomas G.

CALL TO ORDER: WELCOME, ADOPTION OF AGENDA

Call to Order: 2:15 PM

By: Bethesda G.

OARC Opening Guidelines

Read By: Bethesda G.

Review of Previously Approved & Business Arising from Previous Minutes

The previous meeting on February 19th 2026 reviewed Sections 10–12 of the Residents' Bill of Rights, emphasizing that residents have the right to pursue personal interests, live in a safe and clean environment, and access outdoor spaces for fresh air and activities. Subcommittee updates noted no January meeting for the Jade Home Area and ongoing menu planning by the Food Committee for the upcoming season. In administrative updates, residents expressed interest in meeting more staff, including leadership and coordinators. February programming included holiday celebrations and cultural events, with plans such as a possible museum trip and improvements to transportation for outings. Most of the March activities are already scheduled, featuring themed celebrations, entertainment, and special programs. A new Environmental Services Manager has been introduced. Lastly, infection control measures remain in place due to

Chester Village Long Term Care

a common cold outbreak in two home areas. The meeting adjourned at 11:30 AM, with the next meeting scheduled for March 26, 2026.

Approved by: Heather M.

REGULAR BUSINESS

Agenda and/or Business Arising

- Resident Bills of Rights Review
- Home Update and Discussion
- Scent Policy
- Door Memo
- Ministry of Health Inspection Report – February 2026
- Quality Improvement Plan (QIP) Updates
- Family and Community Coordinator Meet & Greet
- Brochure Review and Approval

Residents' Bill of Rights Review

Previously reviewed Residents' Bill of Rights #10-12

Read by: Bethesda G.

Section 3: Right to an optimal quality of life

13. Personal possessions

“Every resident has the right to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.”

In other words: You have the right to keep personal things in your room.

14. Manage finances

“Every resident has the right to manage their own financial affairs unless the resident lacks the legal capacity to do so.”

In other words: You have the right to manage your own money if you're mentally capable of doing this.

15. Citizens' rights

“Every resident has the right to exercise the rights of a citizen.”

In other words: When you move into a long-term care home, you keep all of the rights you have as a citizen.

Chester Village Long Term Care

Subcommittee Reports

I. Jade Home Area:

No meeting was held for the Jade Home Area in January. Meetings will be held quarterly or more as requested.

II. Food Committee:

a. The Food Committee meeting took place on Monday, March 23, 2026, with 10 residents in attendance. The Spring/Summer menu was reviewed and approved by the committee.

b. For the upcoming Easter dinner, roasted lamb and turkey will be served. Each resident is permitted to invite up to two guests. Additionally, the facility will be replacing its current forks with a new brand.

III. Resident Calendar Planning:

Calendar planning was done in all home areas in March 2026 as a part of our QIP to ask residents about their preference in programs, and potential requests or other comments.

Home Updates and Discussion

Meet & Greet: Family and Community Coordinator

- Lynda Southwick attended the meeting to introduce her role as Family and Community Coordinator. She explained her responsibilities related to admissions, waitlists, and supporting residents and families, and her close work with Ontario Health at Home. She shared that admissions are currently largely crisis-based due to high demand, and that waitlist numbers do not reliably predict wait times. Lynda also confirmed that she supports OHIP card renewals and addressed residents' questions regarding the move from Old Chester Village to the current Chester Village location.

Program Area: Administration

- Anna, Alma, and Christine: A restructuring has taken place. Anna Lei, Co-Director of Care (DOC) has stepped away from Chester Village. Alma Cribbe is now the Director of Care (DOC), and Christine Fleming will be the Associate Director of Care (ADOC). The team is currently in the process of transitioning to a new Staff Educator to replace Christine.

Chester Village Long Term Care

Program Area: Activation

- Upcoming events in April 2026 include an Easter program with community partners, an intergenerational program with a Christian youth group, an Easter dinner, a birthday party, a volunteer appreciation event, dinner club, and additional visiting entertainers.

Program Area: Policies and Procedures

- Scent-Free Policy: A new Scent-Free policy was soft launched in January 2026 and has now been officially implemented, with policy information and signage posted throughout the home (attached to the minutes).
- Front Entrance Door Code: The front entrance door code has been updated at the front desk to support resident safety and security (memo attached to the minutes).

Program Area: Resident Council Brochure

- Residents and the Residents' Council Assistant reviewed the OARC template brochure to support marketing efforts and increase the visibility of the Residents' Council among residents, staff, and visitors to Chester Village.
- The brochure was reviewed and approved (March 2026), with a vote in favour of the information included (attached to the minutes).
- Brochures will be added in the Café Library where other brochures are located.

Program Area: Quality Improvement Plan

- We are currently wrapping up the 2025/2026 QIP and will provide further updates as they become available. The final meeting was held to close out the current QIP and begin preparations for the 2026/2027 QIP.

Chester Village Long Term Care

Resident Discussion(s):

1. **Accessibility on Balconies:** Residents are inquiring whether improvements can be made to balcony accessibility, specifically using an automatic door for entry and exit. Residents acknowledge potential safety concerns related to unrestricted access and suggested, as an alternative, that any activation button be located at the nursing station to allow for appropriate supervision.

Response Attached.

2. **Cleanliness of Balconies:** Residents are inquiring whether there is an established schedule or follow-up process for balcony cleaning and maintenance during the warmer months. Residents have noted the presence of bird droppings on the balcony floors and glass surfaces and are seeking clarification on how this is addressed.

Response Attached.

3. **Visitor Inquiry:** Residents are inquiring whether Administration has considered implementing visitor identification tags, as residents would like to be able to easily identify individuals visiting the building.

Response Attached.

4. **Social Worker Inquiry:** Residents are inquiring whether a partnered Social Worker is available to meet with residents on a regular schedule (e.g., weekly or otherwise). Residents, if the first inquiry is available, also requested clarification regarding the identity of the Social Worker and how information about this service, including the provider's name and availability, is communicated to residents.

Response Attached.

Chester Village Long Term Care

ADJOURNMENT

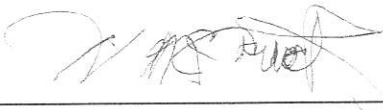
- **Time:** 3:15 pm
- **Adjourned by:** Bethesda G.
- **Seconded by:** Heather M.

NEXT MEETING

- **Date:** April 2026 – Date TBD.
- **Time:** Time TBD.
- **Location:** Village Hall
- **Invited Guests:** Administrator

MINUTES APPROVED BY

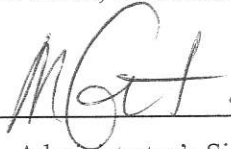
Heather McCormark, Resident

X 

Resident's Signature

Date: April 6th 2026

Morgan Geast, Administrator



Administrator's Signature

Date: April 6th 2026

HUMAN RESOURCES MANUAL

SECTION: CONDUCT

INDEX I.D.: HR-VII-

SUBJECT: SCENT FREE

PAGE: 1 OF 2

APPROVED BY: ADMINISTRATOR

DATE: NOVEMBER 15TH 2025

REVIEWED BY: CEO

REVIEW DATE:

As part of our commitment to creating a safe and comfortable environment for all who live in, work at, and visit our home, we are introducing a scent-free awareness policy. The goal is to build awareness and understanding among staff, residents, visitors, students and volunteers about the impact of scents on those around you with sensitivities to scented products and the importance of reducing fragrance use.

We recognize that this may be a change in routine for some, and we appreciate everyone's cooperation as we work together toward a scent-free environment.

POLICY

All staff, residents, visitors, students and volunteers are encouraged to avoid using scented products while in the home. This includes perfumes, colognes, scented body lotions, and other fragranced items.

PURPOSE

To promote the comfort, health, and well-being of staff, residents, visitors, students and volunteers, particularly those with allergies, respiratory conditions, or scent sensitivities, by gradually moving toward a scent-free environment.

PROCEDURE

1. Staff, Students and Volunteers:

1. Refrain from wearing perfumes, colognes, and scented body lotions during their shift.
2. Choose unscented or fragrance-free personal care and cleaning products when possible.
3. Help raise awareness by kindly reminding colleagues and others of this initiative.



Memo: Main Entrance Access

To: All Visitors & Staff

From: Cynthia Marinelli, CEO

Subject: Front Door Access – proper use of door code and/or swipe cards

Date: March 18, 2026

Dear Staff & Visitors~

This is a reminder that all staff and visitors are kindly asked to use the designated door code or swipe card (staff) when entering or exiting through the main entrance.

It is **not** the responsibility of reception to open the door for staff or visitors during arrivals, departures, or transitions throughout the day.

This procedure is in place for an important reason: **the safety and security of our residents**. During busy or congested times, having the reception team repeatedly open the door increases the risk of residents eloping or moving through the entrance unnoticed. By using our designated door code, you help maintain a secure environment and support the safety protocols we rely on.

Please ensure you use the code or swipe card at all times and use it consistently.

As of today, March 18 the door code is 2026*


Thank you for your cooperation and for helping keep our residents safe.

Cynthia



CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: March 26 th 2026	
Department of Concern: Administration	
Concern Taken By: Bethesda Galindez	
Resident Review and Approval: 11 Residents Voted to Action	
Date: March 26 th 2026	
Explanation of Comments/Concerns/Inquiries/Requests:	
Accessibility on Balconies: Residents are inquiring whether improvements can be made to balcony accessibility, specifically using an automatic door for entry and exit. Residents acknowledge potential safety concerns related to unrestricted access and suggested, as an alternative, that any activation button be located at the nursing station to allow for appropriate supervision.	
Response from Department Head (must be completed within 7 days):	
please see below 	
Department Head Signature:	Date:
Forward to Administrator by: Wednesday, April 1 st 2026	
Administrator's Comments: We are currently exploring the feasibility of making balcony doors more accessible. As part of this review, we are also looking into potential funding opportunities. If the Residents' Council agree, I would like the opportunity to attend the upcoming meeting to share more information and to present a letter of support for a possible grant application.	
Concern Resolved:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Administrator's Signature:	Date:
Copies to:	Date:

Margal Feast

April 2nd 2026

Resident's Council Member(s) Date:

April 6th 2026



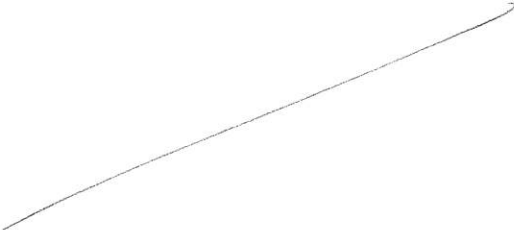
This is a
Scent
Free
Zone

Chemicals in scented products can be harmful to people with fragrance sensitivities, asthma, allergies, and other medical conditions.

- Use unscented personal care products. Do not wear perfume, cologne, aftershave, and other fragrances.
- Use fragrance-free cleaning products, deodorizers, soaps, detergents, and fabric softeners.

CHESTER VILLAGE

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: March 26 th 2026	
Department of Concern: Administration	
Concern Taken By: Bethesda Galindez Resident Review and Approval: 11 Residents Voted to Action Date: March 26 th 2026	
Explanation of Comments/Concerns/Inquiries/Requests:	
Visitor Inquiry: <i>Residents are inquiring whether Administration has considered implementing visitor identification tags, as residents would like to be able to easily identify individuals visiting the building</i>	
Response from Department Head (must be completed within 7 days):	
<i>please see below</i> 	
Department Head Signature:	Date:
Forward to Administrator by: Wednesday, April 1 st 2026	
Administrator's Comments: <i>We do not currently require visitors to wear name tags, and are not considering at this time. However, all visitors entering the home must sign in, indicate whom they are visiting and sign out. Visitors are typically recognizable as they are often with their resident, while others in the home, like doctors, staff and management are easily identifiable.</i>	
Concern Resolved:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>To discuss more next meeting.</i>
Administrator's Signature:	Date:
Copies to:	Date:

Margal Geest

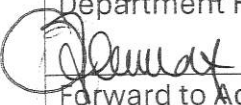
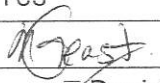
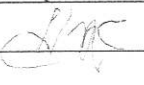
April 4th 2026

Resident's Council Member(s) Date: *J. S. C. April 6th 2026*

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: March 26 th 2026	
Department of Concern: Environmental Services	
Concern Taken By: Bethesda Galindez	
Resident Review and Approval: 11 Residents Voted to Action	
Date: March 26 th 2026	
Explanation of Comments/Concerns/Inquiries/Requests:	
<p>Cleanliness of Balconies: Residents are inquiring whether there is an established schedule or follow-up process for balcony cleaning and maintenance during the warmer months. Residents have noted the presence of bird droppings on the balcony floors and glass surfaces and are seeking clarification on how this is addressed.</p>	
Response from Department Head (must be completed within 7 days):	
<p>once the warmer weather begins, the housekeeping staff will be notified and instructed to clean the area and upkeep maintenance once a week in their schedule. As Balconies are closed in the colder months maintenance of Balconies are seasonal.</p> <p><i>Paolo J. ATRATE E.S.U.</i></p>	
Department Head Signature:	Date: April 1 / 2026
Forward to Administrator by: Wednesday, April 1 st 2026	
Administrator's Comments:	
Agree with Action items.	
Concern Resolved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Administrator's Signature: <i>Margo Geist</i>	Date: April 1 st 2026
Copies to: <input type="checkbox"/> Administrator <input checked="" type="checkbox"/> Resident's Council Member(s)	Date: <i>ATG</i> April 6 th 2026

RESIDENTS' COUNCIL ACTION FORM

Date of Concern: March 26 th 2026	
Department of Concern: Nursing and/or Family and Community Coordinator	
Concern Taken By: Bethesda Galindez	
Resident Review and Approval: 11 Residents Voted to Action	
Date: March 26 th 2026	
Explanation of Comments/Concerns/Inquiries/Requests:	
Social Worker Inquiry: Residents are inquiring whether a partnered Social Worker is available to meet with residents on a regular schedule (e.g., weekly or otherwise). Residents, if the first inquiry is available, also requested clarification regarding the identity of the Social Worker and how information about this service, including the provider's name and availability, is communicated to residents.	
Response from Department Head (must be completed within 7 days):	
Chester Village does not have a social worker who is part of our staff and available on a regular basis. Rather, we have contracted with a social worker who is funded under the Allied Health Professional Program by the Ministry. This service is by referral only, has limitations for the number of residents they can have on their roster at any given time, comes in on an as needed case by case basis. The social worker's contact information will not be shared, just as we do not share your Doctor's phone number and email. When a resident meets the criteria, Chester Village initiates the referral and the social worker contacts the resident directly. Chester Village does have a full-time social service worker Lynda Southward who is available to residents on an ongoing basis. Lynda supports resident with financial concerns, rate reduction, application and assistance in connecting with community services and supports you can find Lynda on the main floor in the administrative offices during regular business hours.	
Department Head Signature: 	Date: March 31, 2026
Forward to Administrator by: Wednesday, April 1 st 2026	
Administrator's Comments: Agree with Above.	
Concern Resolved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Administrator's Signature: 	Date: April 1 st 2026
Copies to: <input type="checkbox"/> Administrator <input checked="" type="checkbox"/> Resident's Council Member(s)	Date:  April 6 th 2026

Meet Your Residents' Council Representatives

1st Representative
Heather M.

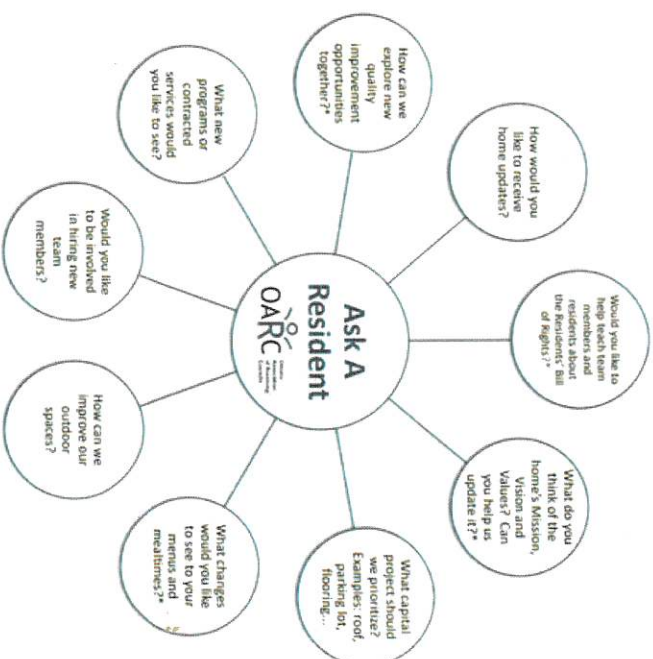
2nd Representative
Thomas G.

General Members

Each and every resident in the home is a member of Chester Village's Resident Council!

Ask a Resident!

Staff, students, and volunteers should **always** ask a resident for their opinions and recommendations on home operations. Residents are experts by experience, and the only ones who know what it's like to live in their long-term care home.



Chester Village RESIDENTS' COUNCIL



3555 Danforth Avenue
Scarborough
Telephone: 905 466 4173

Who is OARC?

Mission

- They empower Ontario long-term care residents to understand their rights, share their lived experience & inspire a better tomorrow.

Values

- **Compassion** – They demonstrate compassion by developing caring relationships that are built on acceptance, trust & honesty.
- **Dignity** - They embrace the inherent dignity of all people, and respect their right to be valued & accepted without judgement.
- **Inclusion** – They are committed to ensuring that all residents are engaged & heard.
- **Collaboration** - They know that we can accomplish more when we work together to achieve shared goals.

Vision

- Every long-term care resident in Ontario shapes the place they call home.



Did You Know?

As a resident living at Chester Village, you are protected by the Residents' Bill of Rights. A copy is posted in the front lobby near the front desk.

Who We Are

- A Residents' Council is an independent, self-determining group made up of only residents of a long-term care home.
- The Council is intended and designed to form the collective voice of all residents who reside in the LTC home, whether or not they attend meetings.
- We are a member of OARC.



Ontario
Association
of Residents'
Councils

The Resident Council is made up of different parts:

Main Committee
Resident Council

Subcommittees

Jade (in Chinese-Focused Home Area)

Food Council (with Food Service Manager)

Resident Calendar Planning (in each Home Area)

Check the Community Board in each home area or visit our website to view the meeting minutes. Updated monthly!

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 3, 2026

Inspection Number: 2026-1453-0001

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 12-13, 15, 26-30, 2026 and February 2-3, 2026

The inspection occurred offsite on the following date(s): January 16, 2026

The following Critical Incident (CI) intake was inspected:

-Intake #00164749 was related to the prevention of abuse and neglect.

The following Critical Incident (CI) intake was inspected:

-Intake #00164982-CI #2970-000027-25 was related to resident care and support services.

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

Resident Care and Support Services
Prevention of Abuse and Neglect

INSPECTION RESULTS

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

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 6 (1) (c)

Plan of care

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

A resident's plan of care should provide clear directions to staff. A resident's care plan included two different fluid consistencies as part of their diet on a specified date.

Sources: A resident's clinical records and interview with a Registered Dietitian (RD).

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 6 (4) (b)

Plan of care

Integration of assessments, care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. X of O. Reg. 79/10/LTCHA. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. X of O. Reg. 246/22 under the FLTCA.

i. Staff did not collaborate on a resident's plan of care when the Speech Language

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Pathologist (SLP) recommendations were not integrated into a resident's care plan.

ii. Staff did not collaborate on a resident's plan of care when SLP recommendations related to a resident's diet were not integrated into a resident's care plan.

Sources: A resident's clinical records, interviews with a Nursing Consultant and Dietitian.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 24 (1) 2.

Reporting certain matters to Director

Reporting certain matters to Director

s. 24 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

A resident reported to the home an allegation of emotional and physical abuse towards them by a staff, but a report was not submitted to the Director.

Sources: A resident's clinical records and interview with a DOC.

WRITTEN NOTIFICATION: Complaints procedure — licensee

NC #004 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.

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

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The licensee did not immediately forward to the Director a written complaint alleging risk of harm to a resident.

Sources: E-mail from a resident's POA (Power of Attorney) and interview with a DOC.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The Licensee received a concern related to alleged incompetent care of a resident but did not provide the Ministry's toll-free telephone number for making complaints about homes and its hours of service nor the contact information for the patient ombudsman under the Excellent Care for All Act, 2010, in their response to the complainant.

Sources: Email response from DOC (Director of Care) to complainant, the LTCH's Complaint Procedure policy and, Interview with a DOC.

WRITTEN NOTIFICATION: Complaints — reporting certain matters to Director

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

Non-compliance with: O. Reg. 246/22, s. 111 (1)

Complaints — reporting certain matters to Director

s. 111 (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under

subsection 108 (1).

The home was made aware of the complainant's allegation of abuse and neglect towards a resident but did not report the complaint to the Director nor did they submit their responses to the complainant to the Director.

Sources: Home investigation notes, interviews with Administrator and CEO.



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

**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Rapport public

Date d'émission du rapport : 3 février 2026

Numéro d'inspection : 2026-1453-0001

Type d'inspection :

Plainte

Incident critique

Titulaire de permis : Broadview Foundation

Foyer de soins de longue durée et ville : Chester Village, Toronto

RÉSUMÉ D'INSPECTION

L'inspection a eu lieu sur place aux dates suivantes : 12, 13, 15 et 26 au 30 janvier 2026 et 2 et 3 février 2026

L'inspection a eu lieu hors site à la date suivante : 16 janvier 2026

L'inspection concernait l'incident critique suivant :

- Signalement n° 00164749 – Signalement en lien avec la prévention des mauvais traitements et de la négligence

L'inspection concernait l'incident critique suivant :

- Signalement n° 00164982 – IC n° 2970-000027-25 – Signalement en lien avec les services de soins et de soutien aux personnes résidentes

Les **protocoles d'inspection** suivants ont été utilisés pendant cette inspection :

Services de soins et de soutien aux personnes résidentes

Prévention des mauvais traitements et de la négligence

RÉSULTATS DE L'INSPECTION

AVIS ÉCRIT : Programme de soins

Problème de conformité n° 001 – Avis écrit en vertu de la disposition 154 (1) 1 de la LRSLD (2021).

Non-respect de : l'alinéa 6 (1) c) de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

Programme de soins

Programme de soins

Paragraphe 6 (1) – Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit adopté, pour chaque résident, un programme de soins écrit qui établit ce qui suit :

c) des directives claires à l'égard du personnel et des autres personnes qui fournissent des soins directs au résident. *Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8, paragraphe 6 (1).*

Le programme de soins d'une personne résidente doit énoncer des directives claires à l'égard des membres du personnel. À une date donnée, le programme de soins d'une personne résidente prévoyait, quant au régime alimentaire de celle-ci, deux consistances de liquides différentes.

Sources : Dossiers cliniques de la personne résidente; entretien avec la diététiste professionnelle ou le diététiste professionnel.

AVIS ÉCRIT : Programme de soins

Problème de conformité n° 002 – Avis écrit en vertu de la disposition 154 (1) 1 de la LRSLD (2021).

Non-respect de : l'alinéa 6 (4) b) de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

Programme de soins

Intégration des évaluations aux soins

Paragraphe 6 (4) – Le titulaire de permis veille à ce que le personnel et les autres personnes qui participent aux différents aspects des soins du résident collaborent ensemble à ce qui suit :

b) l'élaboration et la mise en œuvre du programme de soins de sorte que les différents aspects des soins s'intègrent les uns aux autres, soient compatibles les uns avec les

autres et se complètent. *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8, paragraphe 6 (4).

Le 11 avril 2022, la *Loi de 2021 sur le redressement des soins de longue durée* (LRSLD) et le Règlement de l'Ontario 246/22 sont entrés en vigueur, abrogeant et remplaçant la *Loi de 2007 sur les foyers de soins de longue durée* (LFSLD) et le Règlement de l'Ontario 79/10 pris en application de la LFSLD. Le non-respect par le titulaire de permis de l'exigence applicable indiqué ci-dessous s'est produit avant le 11 avril 2022 et, ainsi, relevait de l'article X du Règl. de l'Ont. 79/10 pris en application de la LFSLD. Un autre non-respect de l'exigence applicable s'est produit après le 11 avril 2022 et relève donc de l'article X du Règl. de l'Ont. 246/22 pris en application de la LRSLD.

- i. Le personnel a omis de collaborer au programme de soins d'une personne résidente; en effet, on a omis d'intégrer les recommandations de l'orthophoniste au programme de soins de la personne résidente.
- ii. Le personnel a omis de collaborer au programme de soins d'une personne résidente; en effet, on a omis d'intégrer les recommandations de l'orthophoniste relativement au régime alimentaire de la personne résidente au programme de soins de celle-ci.

Sources : Dossiers cliniques d'une personne résidente; entretiens avec une conseillère ou un conseiller en soins infirmiers et une ou un diététiste.

AVIS ÉCRIT : Obligation de faire rapport au directeur dans certains cas

Problème de conformité n° 003 – Avis écrit en vertu de la disposition 154 (1) 1 de la LRSLD (2021).

Non-respect de : la disposition 24 (1) 2. de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Obligation de faire rapport au directeur dans certains cas

Obligation de faire rapport au directeur dans certains cas

Paragraphe 24 (1) – Quiconque a des motifs raisonnables de soupçonner que l'un ou l'autre des cas suivants s'est produit ou peut se produire fait immédiatement rapport au directeur de ses soupçons et communique les renseignements sur lesquels ils sont

fondés :

2. Les mauvais traitements infligés à un résident par qui que ce soit ou la négligence envers un résident de la part du titulaire de permis ou du personnel, ce qui a causé un préjudice ou un risque de préjudice au résident.

Une personne résidente a signalé au foyer des mauvais traitements d'ordres affectif et physique à son endroit de la part d'un membre du personnel, mais aucun rapport n'a été soumis à la directrice ou au directeur.

Sources : Dossiers cliniques de la personne résidente; entretien avec la directrice ou le directeur des soins infirmiers (DSI).

AVIS ÉCRIT : Marche à suivre relative aux plaintes – titulaires de permis

Problème de conformité n° 004 – Avis écrit en vertu de la disposition 154 (1) 1 de la LRSLD (2021).

Non-respect de : l'alinéa 26 (1) c) de la LRSLD

Marche à suivre relative aux plaintes – titulaires de permis

Paragraphe 26 (1) – Le titulaire de permis d'un foyer de soins de longue durée prend les mesures suivantes :

c) il transmet immédiatement au directeur, de la manière énoncée dans les règlements, les plaintes écrites qu'il reçoit concernant les soins fournis à un résident ou l'exploitation d'un foyer si elles sont présentées sous la forme prévue par les règlements et qu'elles sont conformes à toute autre exigence que prévoient les règlements.

Le titulaire de permis a omis de transmettre immédiatement à la directrice ou au directeur une plainte écrite faisant état d'un risque de préjudice pour une personne résidente.

Sources : Courriel de la personne titulaire d'une procuration à l'endroit d'une personne résidente; entretien avec la ou le DSI.

AVIS ÉCRIT : Traitement des plaintes

Problème de conformité n° 005 – Avis écrit en vertu de la disposition 154 (1) 1 de la

LRSLD (2021).

Non-respect de : sous-alinéa 108 (1) 3. i. du Règl. de l'Ont. 246/22

Traitement des plaintes

Paragraphe 108 (1) – Le titulaire de permis veille à ce que chaque plainte écrite ou verbale qu'il reçoit ou que reçoit un membre du personnel concernant les soins fournis à un résident ou l'exploitation du foyer soit traitée comme suit :

3. La réponse fournie à l'auteur d'une plainte comprend ce qui suit :

i. le numéro de téléphone sans frais du ministère à composer pour porter plainte au sujet des foyers, ses heures de service et les coordonnées de l'ombudsman des patients visé à la *Loi de 2010 sur l'excellence des soins pour tous* et au ministère.

Le titulaire de permis a reçu une plainte concernant des allégations de soins fournis de manière incompétente à une personne résidente, mais il n'a pas fourni, dans sa réponse à l'auteur de la plainte, le numéro de téléphone sans frais du ministère à composer pour porter plainte au sujet des foyers, ses heures de service et les coordonnées de l'ombudsman des patients visé à la *Loi de 2010 sur l'excellence des soins pour tous*.

Sources : Réponse par courriel du ou de la DSI à l'auteur de la plainte; politique du foyer concernant la marche à suivre relative aux plaintes; entretien avec la ou le DSI.

AVIS ÉCRIT : Plaintes concernant certaines questions : rapport au directeur

Problème de conformité n° 006 – Avis écrit en vertu de la disposition 154 (1) 1 de la LRSLD (2021).

Non-respect du : paragraphe 111 (1) du Règl. de l'Ont. 246/22

Plaintes concernant certaines questions : rapport au directeur

Paragraphe 111 (1) – Le titulaire de permis d'un foyer de soins de longue durée qui reçoit une plainte écrite à l'égard d'un cas dont il fait ou a fait rapport au directeur aux termes de l'article 28 de la Loi présente au directeur une copie de la plainte et un rapport écrit documentant la réponse qu'il a donnée à l'auteur de la plainte en application du paragraphe 108 (1).

Le foyer a été informé des allégations de mauvais traitements et de négligence à l'endroit d'une personne résidente formulées par l'auteur de la plainte, mais n'a pas

signalé la plainte à la directrice ou au directeur et ne lui a pas non plus présenté un rapport écrit documentant la réponse qu'il a donnée à l'auteur de la plainte.

Sources : Notes d'enquête du foyer; entretiens avec l'administratrice ou l'administrateur et la directrice générale ou le directeur général.