



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Jan 27, 2014, 2014_178102_0002, 001062-12, Follow up. Includes handwritten note: 'FEB 03, 2014 Revised'.

Licensee/Titulaire de permis

Leamington Court Inc. CHARTWELL MASTER CARE LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

Long-Term Care Home/Foyer de soins de longue durée

BALLYCLIFFE LODGE NURSING HOME
70 STATION STREET, AJAX, ON, L1S-1R9

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

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 07 and 08, 2014

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, the Environmental Services Manager (ESM), the Dietary Manager, several Chartwell Corporate consultants, several registered and non registered nursing staff, several Environmental Services staff, several residents and visitors, and a Public Health Inspector with the Durham Region Health Unit.

During the course of the inspection, the inspector(s) checked lighting levels in bedrooms and washrooms; reviewed a Critical Incident Report (CIR) related to a power outage; reviewed emergency plans; looked at the on site back up generators and related power panels.

**The following Inspection Protocols were used during this inspection:
Critical Incident Response
Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.



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>Legendé</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>



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WN #1: 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.

TABLE

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 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :



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1. Ballycliffe Lodge Nursing Home has Class C beds. The 2009 design standards do not apply. The lighting requirements for Class C beds are listed in the O. Reg. 79/10, s. 18 table under the section titled "All other homes".
2. Light meter readings were taken in the home during an inspection on April 19, 2012, inspection # 2012_028102_0021. A "GE" light meter was used. Lighting levels were identified to be deficient at less than 50% of the minimum required illumination level of 215.28 lux in residents' bedrooms and washrooms. Compliance Order (CO) # 001 was served on the licensee, with a specified compliance date of December 31, 2013.
3. On January 07 and 08, 2014 a follow up inspection to the above noted CO # 001 was conducted. The same "GE" light meter was used to measure illumination levels as had been used during inspection # 2012_028102_0021. Lighting levels were measured with all available lights turned on within the bedrooms and the washrooms. The light meter was held at varying heights in order to ensure that light level readings in each area were maximized.
4. All bedrooms that were checked were observed to have had new wall mounted light fixtures installed over residents' beds. Lighting levels were identified to be compliant in the three bed residents' rooms and in many of the one and two bed residents' bedrooms which had been equipped with the new light fixtures.
5. Bedrooms that have the "longer" entrance vestibules of greater than 8 feet in length were identified to remain non compliant, with lighting levels measured at less than 50 % of the minimum requirement of 215.28 lux. The ESM and the ES Consultant identified that plans were in progress to install new light fixtures within the longer vestibules in bedrooms.
6. Lighting levels provided in many residents' washrooms were again identified to be less than 50 to 75 % of the minimum required illumination level of 215.28 lux in the vicinity of the toilets and also in the vicinity of domestic style bathtubs in the washrooms that are so equipped. Light meter readings were shown to the ESM.

Minimum lighting levels are not maintained in the areas identified. Inadequate lighting levels are a potential risk to the health, safety, comfort and well being of residents.

r. 18 was inspected and is still not in compliance, refer to Inspection #: 2012_028102_0021, Inspector #: 102 and Order No: CO #001. [s. 18.]



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Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 19. Generators Specifically failed to comply with the following:

s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Findings/Faits saillants :

1. Ballycliffe Lodge Nursing Home has Class C beds within the meaning of subsection 187(18) of the Act.
2. O.Reg. 79/10, s. 19.(1) requires that the home be served by a generator that has the capacity to maintain, in the event of a power outage, the heating system; emergency lighting; and essential services
3. O.Reg. 79/10, s. 9. 4. identifies that all alarms for doors leading to the outside must be connected to a back-up power supply unless the home is not served by a generator.
4. Ballycliffe Lodge is equipped with 2 on-site propane powered generators. Management staff of the home identified that the generators were operational during a power outage which affected the home on December 22nd and 23rd, 2013 for a period lasting approximately 32 hours. Critical incident report (CIR) # 2658-000036-13 was submitted regarding the power outage. The CIR identified that generator back up was "functional and continued to provide essential services."
5. During an inspection conducted at the home on January 07 and 08, 2014 the CIR related to the power outage was reviewed. Generator capacity provided during the power outage was discussed with the Administrator (Acting) and the Environmental Services Manager (ESM). A subsequent telephone discussion was held with the licensee's Corporate Environmental Services (ES) Consultant on January 09, 2014. The Administrator (Acting) and the ES Consultant were both identified to have been present in the home during the power outage.
6. Through discussion with staff of the home, review of written documentation and visual inspection of the on site generators and back up power supply panels for



generators, it was identified that during the power outage which affected the home for approximately 32 hours on December 22 and 23, 2013, the 2 on site generators supplied back up power to the following:

- emergency lighting in the hallways, corridors, stairways and exits;
- circulation pump(s) for gas fired boilers for the hot water supply and the portion of the heating system that is served by hot water circulated through pipes
- the magnetic door locking system.
- fire monitoring system.
- 2 unidentified electric outlets
- fan and light inside the elevator
- the compressor motor for the walk in cooler was powered; however, the operation could not be sustained due to the lack of fan operation to cool the motor.

7. Through discussion with staff of the home, review of written documentation and visual inspection of the on site generators and back up power supply panels for generators, it was also identified that during the power outage which affected the home for approximately 32 hours on December 22 and 23, 2013 the home was not equipped with generator capacity to maintain the following:

- the heating system, which includes fans to distribute heat from the hot water piped through the "PTAC"/ incremental heat units in resident bedrooms and a number of other communal areas within the LTC home (noted that the previously installed incremental units were identified to have been connected to an on site generator. The units were replaced by separate heater and portable air conditioning units during 2013).

-essential services including dietary services equipment to store food at safe temperatures and prepare and deliver meals and snacks. The elevator; the resident staff communication and response system, the door alarm safety system on resident accessible doors to stairways and to the outside were not operational.

8. O reg. 79/10, s. 21. requires that the air temperature within the home is maintained at a minimum of 22 degrees Celcius (72 degrees f). Staff of the home verbally identified that: air temperatures were monitored during the power outage; air temperatures were decreasing; and were reported to be approximately 65 degrees f inside the home when the power was restored on December 23 at approximately 8 am.

9. There were no functioning refrigerators during the power outage. Staff identified that food was discarded due to the lack of refrigeration. Hot meals and hot beverages were not provided to residents and could not be prepared. The emergency menu was implemented. The freezer was identified to have provided some cold holding capacity.

10. Ventilation systems to support the operation of gas fired cooking and laundry



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equipment were not functional. The equipment was shut off and was not used during the power outage.

11. Prior to management receiving information related to the restoration of the power on December 23, 2013, evacuation of the home had been considered. It was also identified that consideration was being given to bringing a large capacity generator to the site which would involve arranging the connection with a licensed electrician and having the connection approved prior to use by the required power safety authority.

12. The licensee has not ensured that the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain everything required under O.reg.79/10, s. 19.(1), which poses an increased risk to the health, safety, comfort and well being of residents when a prolonged power outage occurs. [s. 19. (4)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. O. Reg. 79/10, s. 9. (1).

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

1. Alarms on doors leading to the outside of the long term care home are not connected to the back up power supply. On site generators are provided. [s. 9. (1) 4.]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that alarms on resident accessible doors leading to the outside of the long term care home are connected to the back up power supply provided by the provided generator(s), to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans



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Specifically failed to comply with the following:

s. 230. (3) In developing the plans, the licensee shall,
(a) consult with the relevant community agencies, partner facilities and resources that will be involved in responding to the emergency; and O. Reg. 79/10, s. 230 (3).
(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community. O. Reg. 79/10, s. 230 (3).

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,
 - i. fires,
 - ii. community disasters,
 - iii. violent outbursts,
 - iv. bomb threats,
 - v. medical emergencies,
 - vi. chemical spills,
 - vii. situations involving a missing resident, and
 - viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation. O. Reg. 79/10, s. 230 (5).
 2. Lines of authority. O. Reg. 79/10, s. 230 (5).
 3. Communications plan. O. Reg. 79/10, s. 230 (5).
 4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).
-

Findings/Faits saillants :



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1. There is no indication that municipal officials, including Public Health, have been consulted in the development of the emergency plans, other than the fire plan. [s. 230. (3)]
2. There are no emergency plans for the loss of some of the essential services, which includes the loss of the resident staff communication and response system. [s. 230. (4) 1.]
3. Emergency plans do not address specific staff roles and responsibilities for various emergencies. For example: the emergency plans do not identify specific roles and responsibilities for housekeeping, laundry and dietary staff during a power outage; specific roles of staff during loss of heat, loss of resident staff communication and response system, etc. [s. 230. (5)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that emergency plans for the Ballycliffe Lodge are reviewed and updated annually and include all required components, including testing of the plans, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents



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Specifically failed to comply with the following:

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (3.1) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

3. Actions taken in response to the incident, including,
- i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
 - v. the outcome or current status of the individual or individuals who were involved in the incident.

O. Reg. 79/10, s. 107 (4).

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (3.1) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

4. Analysis and follow-up action, including,
- i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.

O. Reg. 79/10, s. 107 (4).

Findings/Faits saillants :



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1. Critical Incident Report (CIR) #2658-000026-13 was submitted to the Ministry of Health and Long Term Care on December 23, 2013. The CIR was submitted in response to an emergency which was a power outage of approximately 32 hours duration on December 22 and 23, 2014. The CIR identified that the generator continued to provide essential services.
2. During an inspection on January 07 and 08, 2014, it was confirmed that there was a loss of essential services which impacted the entire home during the power outage identified in the CIR.
3. The CIR that was submitted, did not identify: a written description of the incident which did involve the loss of essential services; actions taken in response to the loss of the essential services; analysis and follow up actions both immediate and long term. The report did not describe actions that were taken as a result of the loss of the following: the elevator, resident staff communication and response system, diminished capacity of the heating system to sustain the heating system at 22 degrees, loss of kitchen equipment operation; loss of laundry services, etc during the power outage. [s. 107. (4) 4.]

Revised Feb 03, 2014

Issued on this 27th day of January, 2014

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

WENDY BERRY



Ministry of Health and Long-Term Care

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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

Ordre(s) de l'inspecteur Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

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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Name of Inspector (ID #) / Nom de l'inspecteur (No) : WENDY BERRY (102)

Inspection No. / No de l'inspection : 2014_178102_0002

Log No. / Registre no: 001062-12

Type of Inspection / Genre d'inspection: Follow up

Report Date(s) / Date(s) du Rapport : Jan 27, 2014 REVISED FEB 03, 2014.

Licensee / Titulaire de permis : ~~Leamington Court Inc.~~ CHARTWELL MASTER CARE LP 100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

LTC Home / Foyer de SLD : BALLYCLIFFE LODGE NURSING HOME 70 STATION STREET, AJAX, ON, L1S-1R9

Name of Administrator / Nom de l'administratrice ou de l'administrateur : ~~Duna McKay~~ JERRY TEARE (AGING ADMIN)

~~CHARTWELL MASTER CARE LP~~

To ~~Leamington Court Inc.~~, you are hereby required to comply with the following order (s) by the date(s) set out below:



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Ministère de la Santé et
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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*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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.

TABLE

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 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Order / Ordre :

The licensee will ensure that the required minimum lighting level of 215.28 lux is provided and maintained in:

- entry vestibules leading into residents' bedrooms; and
- throughout residents' ensuite washrooms.

Grounds / Motifs :

1. Ballycliffe Lodge Nursing Home has Class C beds. The 2009 design



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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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standards do not apply. The lighting requirements for Class C beds are listed in the O. Reg. 79/10, s. 18 table under the section titled "All other homes".

2. Light meter readings were taken in the home during an inspection on April 19, 2012, inspection # 2012_028102_0021. A "GE" light meter was used. Lighting levels were identified to be deficient at less than 50% of the minimum required illumination level of 215.28 lux in residents' bedrooms and washrooms.

Compliance Order (CO) # 001 was served on the licensee, with a specified compliance date of December 31, 2013.

3. On January 07 and 08, 2014 a follow up inspection to the above noted CO # 001 was conducted. The same "GE" light meter was used to measure illumination levels as had been used during inspection # 2012_028102_0021. Lighting levels were measured with all available lights turned on within the bedrooms and the washrooms. The light meter was held at varying heights in order to ensure that light level readings in each area were maximized.

4. All bedrooms that were checked were observed to have had new wall mounted light fixtures installed over residents' beds. Lighting levels were identified to be compliant in the three bed residents' rooms and in many of the one and two bed residents' bedrooms which had been equipped with the new light fixtures.

5. Bedrooms that have the "longer" entrance vestibules of greater than 8 feet in length were identified to remain non compliant, with lighting levels measured at less than 50 % of the minimum requirement of 215.28 lux. The ESM and the ES Consultant identified that plans were in progress to install new light fixtures within the longer vestibules in bedrooms.

6. Lighting levels provided in many residents' washrooms were again identified to be less than 50 to 75 % of the minimum required illumination level of 215.28 lux in the vicinity of the toilets and also in the vicinity of domestic style bathtubs in the washrooms that are so equipped. Light meter readings were shown to the ESM.

Minimum lighting levels are not maintained in the areas identified. Inadequate lighting levels are a potential risk to the health, safety, comfort and well being of residents.

r. 18 was inspected and is still not in compliance, refer to Inspection #: 2012_028102_0021, Inspector #: 102 and Order No: CO #001.

(102)



**Ministry of Health and
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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

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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :** May 31, 2014



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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # / Ordre no : 002	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Order / Ordre :

The licensee will ensure the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and will provide sufficient capacity to maintain everything required under clauses (1) (a), (b) and (c) of O.Reg. 79/10, s. 19(1):

- the heating system;
 - emergency lighting in corridors, hallways and exits; and
 - essential services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system, elevators and life support, safety and emergency equipment.
- O.reg. 79/10, s. 9. 4. requires that all alarms for doors leading to the outside be connected to a back-up power supply, unless the home is not served by a generator.

Connections made to a generator must conform to all applicable provincial and municipal codes and regulations.

Grounds / Motifs :

1. Ballycliffe Lodge Nursing Home has Class C beds within the meaning of subsection 187(18) of the Act.
2. O.Reg. 79/10, s. 19.(1) requires that the home be served by a generator that has the capacity to maintain, in the event of a power outage, the heating system; emergency lighting; and essential services
3. O.Reg. 79/10, s. 9. 4. identifies that all alarms for doors leading to the outside must be connected to a back-up power supply unless the home is not served by

a generator.

4. Ballycliffe Lodge is equipped with 2 on-site propane powered generators. Management staff of the home identified that the generators were operational during a power outage which affected the home on December 22nd and 23rd, 2013 for a period lasting approximately 32 hours. Critical incident report (CIR) # 2658-000036-13 was submitted regarding the power outage. The CIR identified that generator back up was "functional and continued to provide essential services."

5. During an inspection conducted at the home on January 07 and 08, 2014 the CIR related to the power outage was reviewed. Generator capacity provided during the power outage was discussed with the Administrator (Acting) and the Environmental Services Manager (ESM). A subsequent telephone discussion was held with the licensee's Corporate Environmental Services (ES) Consultant on January 09, 2014. The Administrator (Acting) and the ES Consultant were both identified to have been present in the home during the power outage.

6. Through discussion with staff of the home, review of written documentation and visual inspection of the on site generators and back up power supply panels for generators, it was identified that during the power outage which affected the home for approximately 32 hours on December 22 and 23, 2013, the 2 on site generators supplied back up power to the following:

- emergency lighting in the hallways, corridors, stairways and exits;
- circulation pump(s) for gas fired boilers for the hot water supply and the portion of the heating system that is served by hot water circulated through pipes
- the magnetic door locking system.
- fire monitoring system.
- 2 unidentified electric outlets
- fan and light inside the elevator
- the compressor motor for the walk in cooler was powered; however, the operation could not be sustained due to the lack of fan operation to cool the motor.

7. Through discussion with staff of the home, review of written documentation and visual inspection of the on site generators and back up power supply panels for generators, it was also identified that during the power outage which affected the home for approximately 32 hours on December 22 and 23, 2013 the home was not equipped with generator capacity to maintain the following:

- the heating system, which includes fans to distribute heat from the hot water piped through the "PTAC"/ incremental heat units in resident bedrooms and a number of other communal areas within the LTC home (noted that the previously installed incremental units were identified to have been connected to an on site



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des Soins de longue durée**

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generator. The units were replaced by separate heater and portable air conditioning units during 2013).

-essential services including dietary services equipment to store food at safe temperatures and prepare and deliver meals and snacks. The elevator; the resident staff communication and response system, the door alarm safety system on resident accessible doors to stairways and to the outside were not operational.

8. O reg. 79/10, s. 21. requires that the air temperature within the home is maintained at a minimum of 22 degrees Celcius (72 degrees f). Staff of the home verbally identified that: air temperatures were monitored during the power outage; air temperatures were decreasing; and were reported to be approximately 65 degrees f inside the home when the power was restored on December 23 at approximately 8 am.

9. There were no functioning refrigerators during the power outage. Staff identified that food was discarded due to the lack of refrigeration. Hot meals and hot beverages were not provided to residents and could not be prepared. The emergency menu was implemented. The freezer was identified to have provided some cold holding capacity.

10. Ventilation systems to support the operation of gas fired cooking and laundry equipment were not functional. The equipment was shut off and was not used during the power outage.

11. Prior to management receiving information related to the restoration of the power on December 23,2013, evacuation of the home had been considered. It was also identified that consideration was being given to bringing a large capacity generator to the site which would involve arranging the connection with a licensed electrician and having the connection approved prior to use by the required power safety authority.

12. The licensee has not ensured that the home has guaranteed access to a generator that will be operational within 3 hours of a power outage and that can maintain everything required under O.reg.79/10, s. 19.(1), which poses an increased risk to the health, safety, comfort and well being of residents when a prolonged power outage occurs.



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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2014**



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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 services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Revised FEB 03, 2014
Issued on this 27th day of January, 2014

Signature of Inspector /

Signature de l'inspecteur :

WENDY BERRY

Name of Inspector /

Nom de l'inspecteur :

WENDY BERRY

Service Area Office /

Bureau régional de services : Ottawa Service Area Office