



**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**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 17, 2014	2014_357101_0050	T-639-14; T-640-14	Follow up

**Licensee/Titulaire de permis**

Downsview Long Term Care Centre Limited  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

Downsview Long Term Care Centre  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

AMANDA WILLIAMS (101)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): November 4 and 5, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Manager and residents.**

**During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas; collected illumination levels in resident rooms and washrooms; reviewed the home's lost resident clothing policies and procedures.**

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



Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Infection Prevention and Control  
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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



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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**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that lighting levels are maintained at the minimum illumination levels for the category "All other homes". Using a portable hand held illumination meter, illumination levels were measured in various resident washrooms throughout the home. Washroom fixtures were equipped with fluorescent tube lighting fixtures located above the washbasins. The meter was held approximately 36 inches above floor level in the centre of the room with the washroom door closed. The lighting levels did not meet the minimum requirement of 215.28 lux. The following measurements were obtained in the below identified resident washrooms:

Rm 154: 164 lux

Rm 143: 201 lux

Rm 131: 203 lux

Rm 231: 187 lux

Rm 237: 186 lux

Rm 245: 185 lux

Rm 248: 188 lux

Rm 255: 192 lux [s. 18.]

***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 lighting levels in all resident home areas throughout the home meet the minimum illumination levels as set out in table 18 for all other homes category. This includes but not limited to resident washrooms(215.28 lux) and at the bed when the bed is at the reading position (376.73 lux), to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

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**Findings/Faits saillants :**



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1. The licensee has failed to ensure that staff have access to point-of-care hand hygiene agents.

Hand sanitizer dispensers were observed to be empty and/or inoperable in the following resident bedrooms at point of care: rooms 257 (both sides of room), 255, 235 (both sides of room), 236, 151, and 108. [s. 229. (9)]

***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 hand hygiene supplies are readily available at point of care at each residents bed in accordance with evidence-based practices, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

**Specifically failed to comply with the following:**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,  
(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that heat generating equipment (other than the home's HVAC system) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection.

Interview with the Administrator and Environmental Manager confirmed that the individual heating units in resident bedrooms (not controlled by the central heating system) is not inspected by a qualified individual at least annually and documentation kept of such inspection. [s. 90. (2) (e)]



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THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #001	2014_357101_0002	101
O.Reg 79/10 s. 9. (1)	CO #002	2014_357101_0002	101
O.Reg 79/10 s. 9. (1)	CO #003	2014_357101_0002	101
O.Reg 79/10 s. 9. (1)	CO #004	2014_357101_0002	101

Issued on this 17th day of November, 2014

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

