



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 10, 2016	2016_189120_0026	028753/028574-15	Follow up

Licensee/Titulaire de permis

CLARION NURSING HOMES LIMITED
337 HIGHWAY #8 STONEY CREEK ON L8G 1E7

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

CLARION NURSING HOME
337 HIGHWAY #8 STONEY CREEK ON L8G 1E7

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



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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): May 6, 2016

Previous inspections were conducted in November 2014 and June 2015 at which time Orders were issued for non-compliance related to illumination levels (compliance date of March 31, 2016) and the homes preventive maintenance program (procedures and audits). The Order related to the preventive maintenance program was not met upon re-inspection in November 2015 and was re-issued. For this follow-up inspection, the licensee met the majority of the conditions laid out in both Orders and the remaining unmet conditions have been identified below.

During the course of the inspection, the inspector(s) spoke with the Administrator and maintenance person.

During the course of the inspection, the inspector toured the home and took illumination measurements in various areas, reviewed the maintenance policies and procedures and audit check list for interior surfaces and furnishings and randomly toured resident bedrooms.

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

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 18.	CO #001	2014_267528_0036		120
O.Reg 79/10 s. 90. (1)	CO #001	2015_189120_0088		120

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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.

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 :**



1. The licensee did not ensure that the lighting requirements set out in the lighting table were maintained.

Illumination levels were measured in various areas of the home on May 6, 2016 using a hand held portable illumination meter. Outdoor conditions were sunny at the time of the inspection. All efforts were made to reduce natural light from the areas measured by using blinds or drapes. The light meter was held parallel to the floor at a standard 30 inches above the floor. Areas measured included the main entry area, in front of the 2nd floor patio door, lower and upper dining rooms, lounge rooms, random resident rooms, ensuite bathrooms and common bathrooms. The activity room was occupied and was not measured and the sun room could not be measured due to excessive natural light infiltration. The licensee is responsible for ensuring that all areas listed in the lighting table meet and continue to meet the minimum lighting requirements.

A) Resident rooms 117, 118, 119 and 120 were not equipped with an LED entry light as observed in other rooms. As a result, the illumination levels in these rooms did not meet minimum requirements of 215.28 lux upon entry and up towards the first bed. Specifically in room 118, the lux was 50 upon entry and increased to 190 lux at the side of the first bed. These values included the illumination achieved while the over bed lights were on. Resident rooms 107 and 110 were also measured and met the minimum requirement of 215.28 lux, however some of the over bed lights in these rooms had burnt out bulbs, missing bulbs or missing light pulls. Over bed fixtures equipped with a compact fluorescent bulb met the minimum requirement of 376.73 lux, however those with an incandescent bulb did not.

B) The 2nd floor corridor towards the administrator's office and past the reception desk was equipped with approximately 6 pot lights in a ceiling that was much higher than the surrounding corridor ceiling. The lux level in this area was 150 lux. The minimum required level is 215.28 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 the lighting requirements set out in the lighting table are maintained, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee did not ensure that the sliding closet doors in resident rooms were maintained in a good state of repair. The sliding closet doors were made of a cardboard-like material with aluminum trim and were scuffed and warped from repeated damage by wheelchairs and mechanical lifts. The floor tracks appeared rusty. The closet doors in bedrooms 205, 206, 207, 208, 215, 216, 217, 219, 221, 222 were tested and found to be detached from the floor track and were swinging outward from the top track. Some were difficult to slide depending on the condition of the top track or the wheels on the door. According to the maintenance person, the closet doors were all re-attached at some point after November 2015. The administrator did not have any plans in place to address the issue. [s. 15. (2) (c)]



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Issued on this 10th day of May, 2016

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

Original report signed by the inspector.