

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

**Rapport d'inspection prévue
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 # / No de registre	Type of Inspection / Genre d'inspection
Jul 8, 2019	2019_717531_0017	012263-19	Other

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare Guildwood
60 Guildwood Parkway SCARBOROUGH ON M1E 1N9

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

SUSAN DONNAN (531)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): June 18, 2019.

Log #012263-19 related to lighting levels

During the course of the inspection, the inspector(s) spoke with a maintenance employee, the Environmental Services Supervisor (ESS), and the Directors of Care (DOC).

The lighting levels were measured in all corridors, the dining rooms, the activity lounge, the library, television lounges, resident rooms, resident bathrooms, and resident common areas.

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

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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>

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 has failed to ensure that the lighting requirements set out in the lighting table were maintained in the home.

Inspectors observed low lighting levels in the home corridors and resident areas during a group inspection.

The long term care home was built prior to 2009 and therefore the section of the lighting table that was applied is titled "in all other homes".

A hand held digital light meter was used (Amprobe LM-120) to measure the lux levels in

various locations. While using this meter, the operating error of < 10% was used to determine adequate lighting levels. The meter was held a standard 30 inches above and parallel to the floor. Lighting conditions were clear and it was bright and sunny outdoors at the time of the inspection. In order to prevent natural light from affecting indoor measurements all efforts were made to control the natural light. Window coverings were drawn and measured lights were turned on 5 minutes prior to measuring and doors were closed where possible. (i.e. corridors)

Each home area was divided with three resident corridors; two adjacent corridors and one perpendicular corridor from the central nursing station. The corridors were equipped with approximately 45 cm frosted, semi-circular, dome light fixtures, which are approximately 300 cm apart. The dining area/lounge are situated directly across from the nursing station for both the South West/North West corridors and the South East/North East corridors. The dining areas have 5, cluster light fixtures with a 30 cm frosted, semi-circular dome with 5 -12 cm frosted sconce lights above the semi-circular base dome light, which are approx. 300 cm apart. A central, dining room, located across from the main entrance, which encompasses the main foyer, tv lounge area, and a small library which are adjacent to the central dining room.

Levels of illumination in the corridors throughout the home were measured at 50% of the required lighting levels of 215.28 lux.

The library consists of 6 cm and 5 -12 cm recessed ceiling lights in front of the fireplace, with a 45 cm, ceiling mounted dark multi-coloured stained glass domed light in the centre of the other lights.

Levels of illumination in the library were measured at 50% of the required lighting levels of 215.28 lux.

Each resident room, entrance vestibule there was a 24 cm, frosted coloured ceiling mounted, semi-circular light fixture, and one 30 cm, frosted covered concave, wall mounted over bed light fixture .

The illumination levels in the resident rooms measured at 50% of the required lighting levels.

The illumination levels at the bed of each resident when the bed is at reading position measured at 50% of the required lighting levels.

Levels of illumination in resident en-suite washrooms were measured at 50% of the required lighting levels.

On June 18, 2019 the Directors of Care and the Environmental Services Supervisor accompanied Inspector #531 in measuring the lux levels in the identified areas, acknowledging the minimum required amount of 215.28 lux was not achieved in all areas of the home.

The licensee failed to ensure lighting requirements set out in the lighting table were maintained. [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 Table section, "in all other homes" are maintained, to be implemented voluntarily.

Issued on this 8th day of July, 2019

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

Original report signed by the inspector.