



**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**

**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**

Ottawa Service Area Office  
347 Preston St 4th Floor  
OTTAWA ON K1S 3J4  
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347 rue Preston 4<sup>ième</sup> étage  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 22, 2015	2015_178102_0023	O-000529-14	Follow up

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### **Licensee/Titulaire de permis**

Glen Hill Terrace Christian Homes Inc.  
200 Glen Hill Drive South WHITBY ON L1N 9W2

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

STRATHAVEN LIFECARE CENTRE  
264 King Street East Bowmanville ON L1C 1P9

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

WENDY BERRY (102)

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## 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): April 30, 2015**

**This inspection was specific to the follow up to a Compliance Order (CO) related to deficient levels of lighting throughout the long term care home. The CO has not been complied with.**

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

**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)**

**0 VPC(s)**

**1 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>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 :**

1. Compliance order (CO) # 003, inspection # 2014\_220111\_0006, pursuant to O. Reg. s.18, with a compliance date of April 10, 2015 was previously served on the licensee. A written progress report related to the CO was submitted to the OSAO, Inspector # 102, by the home's Administrator. The report was received by fax on Sept 30/14. The progress report identified that: Lighting was being evaluated by contractors the week of Oct 6/14; " Home will award tender by December 30, 2014. Upgrading to lighting will be complete no later than April 10, 2015."

A follow up inspection was conducted at the home on April 30, 2015.



At the time of the inspection, a meeting and discussions were held with the Administrator and the Environmental Services (ES) Manager. It was identified that an evaluation of the lighting throughout the home was done by 2 different contractors. Proposals were received and were given to the licensee.

It was identified that the licensee has not given approval to proceed with compliance actions to rectify the significant lighting deficiencies that exist throughout the LTC home. The Administrator and the ES Manager both confirmed that no action has been taken or is planned to rectify the known, non compliant lighting deficiencies, even on a priority basis.

The CO has not been complied with and is being issued again as a linked compliance order.

Light levels were checked during the inspection on March 21 and 24, 2014. A "G.E." model light meter was used. The light meter was held 3 to 4 feet above the floor surface; all available electric lights were turned on in each area being checked. In bedrooms, window coverings were closed; privacy curtains were open, where provided.

Light levels of less than 25 % to 50 % of the required lighting level of 215.28 lux was provided in the majority of residents' bedrooms on the 1st and 2nd floors.

1st and 2nd floor corridor lighting levels were less than 25 % to 50 % over the majority of the length of each corridor. 215.28 lux of continuous, consistent lighting is not provided throughout the corridors.

Lighting in several residents' washrooms and common rooms was identified to be below 50 % of the required illumination level of 215.28 lux: washrooms that adjoin rooms 208, 2000, Lounge adjacent to room 2006, washroom near room 102.

Note: this is not an all inclusive list as all areas were not entered and checked with a light meter.

Low levels of lighting are a potential risk to the health, comfort, safety and well being of residents. Insufficient lighting levels may negatively impact the ability of staff to clean effectively; to deliver safe and effective care to residents including: the distribution or application of prescribed drugs and treatments; to conduct assessments; to provide treatments; to document. Low levels of illumination and shadows may negatively impact



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residents' perception of the surrounding environment affecting mobility, nutritional intake and overall quality of life. [s. 18.]

***Additional Required Actions:***

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

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**Issued on this 22nd day of May, 2015**

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

**Original report signed by the inspector.**



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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  
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**Health System Accountability and Performance Division  
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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**

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** WENDY BERRY (102)

**Inspection No. /**

**No de l'inspection :** 2015\_178102\_0023

**Log No. /**

**Registre no:** O-000529-14

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** May 22, 2015

**Licensee /**

**Titulaire de permis :** Glen Hill Terrace Christian Homes Inc.  
200 Glen Hill Drive South, WHITBY, ON, L1N-9W2

**LTC Home /**

**Foyer de SLD :**

STRATHAVEN LIFECARE CENTRE  
264 King Street East, Bowmanville, ON, L1C-1P9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Michelle Stroud

To Glen Hill Terrace Christian Homes Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

**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) (b)**Linked to Existing Order /****Lien vers ordre  
existant:** 2014\_220111\_0006, CO #003;**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 :**



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**Ordre(s) de l'inspecteur**

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The licensee will ensure that required levels of lighting are provided in all areas of the long term care home including:

- A minimum of 215.28 lux of continuous consistent lighting in corridors;
- A minimum level of 215.28 lux in all residents' bedrooms, program/lounge space, dining areas, washrooms and tub and shower rooms.

The licensee is to prepare, implement and submit a plan for achieving compliance. The plan is to identify:

- actions taken and/or to be taken to assess lighting levels throughout the home;
- a schedule that identifies corrective actions to be taken in each deficient location. The schedule is to identify dates corrective actions are to be started and completed in each area within the home.

The plan is to be submitted by fax on or before July 15, 2015; to the attention of the OSAO Manager, MOHLTC; Fax # (613)569-9670.

**Grounds / Motifs :**

1. Compliance order (CO) # 003, inspection # 2014\_220111\_0006, pursuant to O. Reg. s.18, with a compliance date of April 10, 2015 was previously served on the licensee. A written progress report related to the CO was submitted to the OSAO, Inspector # 102, by the home's Administrator. The report was received by fax on Sept 30/14. The progress report identified that: Lighting was being evaluated by contractors the week of Oct 6/14; " Home will award tender by December 30, 2014. Upgrading to lighting will be complete no later than April 10, 2015."

A follow up inspection was conducted at the home on April 30, 2015.

At the time of the inspection, a meeting and discussions were held with the Administrator and the Environmental Services (ES) Manager. It was identified that an evaluation of the lighting throughout the home was done by 2 different contractors. Proposals were received and were given to the licensee.

It was identified that the licensee has not given approval to proceed with compliance actions to rectify the significant lighting deficiencies that exist throughout the LTC home. The Administrator and the ES Manager both confirmed that no action has been taken or is planned to rectify the known, non compliant lighting deficiencies, even on a priority basis.

The CO has not been complied with and is being issued again as a linked



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compliance order.

Light levels were checked during the inspection on March 21 and 24, 2014. A "G.E." model light meter was used. The light meter was held 3 to 4 feet above the floor surface; all available electric lights were turned on in each area being checked. In bedrooms, window coverings were closed; privacy curtains were open, where provided.

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Note: this is not an all inclusive list as all areas were not entered and checked with a light meter.

Low levels of lighting are a potential risk to the health, comfort, safety and well being of residents. Insufficient lighting levels may negatively impact the ability of staff to clean effectively; to deliver safe and effective care to residents including: the distribution or application of prescribed drugs and treatments; to conduct assessments; to provide treatments; to document. Low levels of illumination and shadows may negatively impact residents' perception of the surrounding environment affecting mobility, nutritional intake and overall quality of life. (102)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015**



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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](http://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<sup>e</sup> 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](http://www.hsarb.on.ca).

**Issued on this 22nd day of May, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** WENDY BERRY

**Service Area Office /**

**Bureau régional de services :** Ottawa Service Area Office