



**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 prévue
le Loi de 2007 les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
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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**

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Mar 07, 2016;	2015_360111_0026 (A1)	010852-15	Follow up

Licensee/Titulaire de permis

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

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

Glen Hill Strathaven
264 King Street East Bowmanville ON L1C 1P9

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

LYNDA BROWN (111) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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**Attention Michelle Stroud,
Here is the amended Licensee Inspection Report and Orders with the new
compliance date.
Thanks
Lynda Brown,
LTCH Inspector, Nursing**

Issued on this 7 day of March 2016 (A1)

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

Original report signed by the inspector.



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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): October 27, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Environmental Services Manager, and residents. There was an observation of the entire home in regards to lighting.

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

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</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 did not ensure that the lighting requirements set out in the lighting table were maintained.

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 areas of the home". A hand held digital light meter was used (Amprobe LM-120) to measure the lux levels in various locations in the home. The meter was held a standard 30 inches above and parallel to the floor. Lighting conditions were overcast outdoors at the time of the inspection and in order to prevent natural light from affecting indoor measurements all efforts were made to control the natural light. Window coverings were drawn in resident bedrooms, lounges and dining rooms tested, lights were turned on 5 minutes prior to measuring and doors were closed where possible (i.e. corridors). Areas that could not



be tested due to natural light infiltration included a section of the large main dining room and certain common areas. The 3rd floor was not measured.

Discussions were held with the administrator and maintenance manager during the inspection on October 29, 2015 regarding the status of the lighting upgrade plan after a tour of the home was completed. According to the maintenance person, all of the necessary bulb replacements had been completed, wall sconces added and any failed ballast on any troffer light fixture or burned out tube was replaced with a newer generation ballast and fluorescent tube which has higher lux levels and better efficiency.

For this follow-up inspection, several different bedrooms, some resident washrooms, all tub rooms, shower rooms, common washrooms, 1st and 2nd floor dining rooms and several corridors were measured to determine current lighting levels. Despite the lighting upgrades made by the licensee, the areas below were found to be non-compliant with the lighting table;

A) Resident Bedrooms

The home was constructed to include resident rooms of various sizes and configurations, either private, semi-private, 3-bed or 4-bed ward rooms. Over the years, various types of ceiling light fixtures have been added or replaced. The types of ceiling fixtures varied from fluorescent tube lights (troffer lights), recessed pot lights, flush dome lights to tube lights. With or without ceiling light fixtures, none of the bedrooms met the minimum requirement of 215.28 lux. Seventeen rooms on the first floor and five on the 2nd floor were not equipped with any ceiling lights and were very dark. All rooms, regardless of size were equipped with over bed lights mounted on the wall above each bed, which provided some illumination and met the minimum required level of illumination for a reading light. Adequate bedroom illumination levels are necessary in areas of activity, such as dressing, grooming, personal care and walking. The bedrooms below were measured (with all available lights on, including over bed lights) and key areas measured included in front of the wardrobes, between any two beds, at the foot of the beds and along the path of travel to the bed(s):

1. Private Bedroom #106 - equipped with no ceiling lights. Entrance was approximately 6 feet long with a closet on the right. Lux was 20 at the closet. The lux in the centre of the room or at the foot of the resident's bed was between 30-50 lux with the over bed light on.
2. Semi Private Bedroom #1009 – equipped with an entrance light (not measured) and one ceiling flush mounted dome light with and opaque lens in the center of the room which was 60 lux directly under the light. The level of illumination did not exceed 50



lux between the two beds (when measured at the centre point of the bed between the head board and the foot board).

3. Semi Private Bedroom # 1004 -the level of illumination did not exceed 74 lux between the two beds (when measured at the centre point of the bed between the head board and the foot board).

4. Ward Bedroom #101 – equipped with 2 troffer ceiling lights with a clear lens. The lux was 180 between the beds, 173 at the foot of the beds, and 100 lux in front of wardrobes.

5. Ward Bedroom #119 – not equipped with any ceiling light fixtures. The lux was 20 at the foot of the beds, 40-50 lux in front of the wardrobes, and 80 lux between the set of beds.

6. Ward Bedroom #100 – equipped with two ceiling pot lights in the centre of the room, spaced 16 feet apart. The lux was 125 directly under each pot light. The lux between two beds was 100.

7. Three-bed ward bedroom #2003 – equipped with an entrance dome light with opaque lens and a central ceiling dome light with opaque lens. The lux was 90 directly under the ceiling light and 100 lux at the foot of one bed.

8. Semi-private bedroom # 202 -equipped with only over bed lights, measured in front of wardrobes average of 30 lux, and between beds average of 190-195 lux.

B) Corridors

The corridors on the 1st and 2nd floors consisted of a drop ceiling, with troffer (ceiling flush mounted fluorescent tubes with clear lens) lights installed, not centrally, but along the length of one side of the corridor, end to end. Certain corridors were additionally equipped with wall sconce lighting fixtures (with compact fluorescent bulbs) attached to the corridor wall spaced 6 feet apart on the opposite side of the troffer lights. The measurement of the various corridor lighting levels was taken straight down the centre of the corridor, with doors closed to the various rooms.

1. Cedar corridor on the first floor between the main lobby and the nurse's station on the right, was equipped with troffer light fixtures on one side of the corridor. According to the maintenance supervisor, some of the ballasts and tubes in the corridor had been replaced. This was verified near room #1004 which met the minimum requirement. However, along the corridor outside rooms 1003 and 1007, the lux was 80-100.

2. Pine corridor on the first floor between the nurse's station and towards rooms #111 and #110 was equipped with troffer lights and wall sconces spaced approximately 6 feet apart. The lux level was sufficient in the corridor with the exception of the area in front of rooms 108 and 110, where wall sconces were not added.

3. Poplar corridor on the second floor, from the elevator to room #2003 was equipped



with continuous fluorescent lights along one side of the corridor, the lux in front of the elevator was between 55-90 lux, and 70-80 lux outside of room #2001.

4. Willow corridor on the second floor, in front of the nursing station and across from room # 218 was 160 lux, and outside of room #2016- 2017 an average of 180 lux.

5. Maple corridor on the second floor, In front of the lounge and stairwell had one pot light and was 150 lux.

C) Dining Rooms

1. Some sections of the main dining room, located below the 1st floor did not meet the minimum requirement of a minimum of 215.28 lux. The dining room was equipped with 5 sets of chandelier light fixtures (set centrally within a tray ceiling covered in mirrors), 5 wall sconces, several spot lights (near the stage) and numerous 2 foot by 2 foot troffer light fixtures. The room was over 2000 square feet and consisted of approximately 46 tables. One side of the dining room was constructed with a wall of windows which did not have adequate window covers to keep out the natural light, therefore the illumination levels were not taken in and around tables 1-14. Areas that were found to be insufficiently illuminated included the areas under and within 5 feet of the chandelier light fixtures. The lux was approximately 100 directly under the chandelier lights and increased gradually as the meter approached a troffer light fixture. The area directly opposite the windows which was equipped with wall sconce lighting was below 200 lux at certain tables which were positioned along the wall and more than several feet away from a troffer ceiling fixture. Areas requiring adequate lighting levels include over resident tables and the path of travel to and from tables.

2. The 2nd floor dining room was equipped with 4 ceiling flush mounted dome shaped light fixtures with an opaque lens and 2 ceiling fan lights. The blinds were pulled and lights turned on for several minutes before measuring. The lux was 70-90 directly below the dome lights and approximately 150 lux near the serving area. Neither of the fan lights could be turned on after pulling on all of the different chains connected to them.

D) Common Washrooms

Several washrooms located in corridors were measured to be well below the required minimum of 215.28 lux. They included the following;

1. Pine corridor common washroom (across from the nurse's station) – Equipped with a wall mounted fluorescent tube light was 75 lux over the vanity and 30 lux over the toilet.

2. Washroom (near stairwell #27) – equipped with a wall mounted fluorescent tube light and an opaque lens was 125 lux over the toilet area.

3. Washroom on Spruce had adequate lux readings above the vanities but had 150



lux in toilet cubicles.

Adequate lighting is required over the vanity and toilet as they are areas of activity related to toileting and grooming.

E) Common Spaces

1. The lounge on the 2nd floor next to room #2006 and stairwell #23 was equipped with one flush ceiling mounted dome light in the centre of the room and one at the entrance to the room. The illumination level in the centre of the room, directly below the light was 150 lux and did not meet the minimum requirement of 215.28 lux.

Interview of Resident #011 by Inspector #166 on October 27, 2015 (during the RQI) complained about the lights being dim in his room and described the lack of light as "being in a dungeon".

An inspection (#2014-220111-0006) was completed and Compliance Order (#003) was issued on April 9, 2014 regarding insufficient lighting levels throughout the home with a compliance date of April 10, 2015. A follow up inspection (#2015-178102-0023) was completed on April 30, 2015 which revealed that the lighting levels had not been increased and Compliance Order (#001) was issued with a requirement that the licensee submit a plan of corrective action by July 15, 2015 to increase lighting levels. The written plan of action was submitted on May 1, 2015 with commitments to replace bulbs or add lighting where necessary by July 24, 2015. [s. 18.]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001



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Issued on this 7 day of March 2016 (A1)

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

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LYNDA BROWN (111) - (A1)

Inspection No. /

No de l'inspection : 2015_360111_0026 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 010852-15 (A1)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Mar 07, 2016;(A1)

Licensee /

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

LTC Home /

Foyer de SLD : Glen Hill Strathaven
264 King Street East, Bowmanville, ON, L1C-1P9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Michelle Stroud



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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O. 2007, chap. 8

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

Linked to Existing Order /
Lien vers ordre existant: 2015_178102_0023, CO #001;

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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O. 2007, chap. 8

The licensee shall submit a detailed written plan by January 31, 2016 that includes who will verify illumination levels in each space identified below, what will be done (fixtures added, replaced, modified, retrofitted) and by whom, and the time lines for completion indicating:

1. Which resident rooms will have existing ceiling light fixtures replaced with one or more light fixtures that provide a minimum of 215.28 lux in areas at the foot of each bed, between each bed, at the wardrobe and path leading to the bed.
2. Which resident rooms will require either the addition of a ceiling light fixture or the replacement of one or more over bed lights with a light fixture that can illuminate the areas of the room as identified in #1 above.
3. Which resident ensuite washroom, (including those washrooms located in corridors), will have their light fixtures replaced or retrofitted to provide a minimum of 215.28 lux over the vanity and toilet areas.
4. How the 5 chandelier lights in the main dining room will be retrofitted to produce a lux of 215.28 directly under the light, over the tables and around the tables.
5. How many troffer lights and in which corridors will be replaced with a new ballast and light tube or specifically which corridors will receive additional lighting fixtures in order to meet the minimum level of 215.28 lux down the centre of every corridor.
6. How the lighting fixtures in the 2nd floor dining room will be modified to ensure a minimum of 215.28 lux is available throughout the room.
7. Which lounge or common spaces will have their light fixtures modified or replaced to ensure that the rooms are illuminated in areas where residents sit or complete an activity (reading, puzzles, crafts, knitting etc) to meet the minimum requirement of 215.28 lux.
8. Where retrofitting is not a possibility, what other illumination solutions will be used to meet the minimum requirement of 215.28 lux.
9. How electrical compliance with ESA requirements will be maintained throughout the project.

The actions identified above are to be implemented by July 30, 2016. The written plan is to be submitted to Lynda Brown by email OttawaSAO.MOH@ontario.ca or by fax to 613-569-9670 by January 31, 2016.



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Grounds / Motifs :

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

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 areas of the home". A hand held digital light meter was used (Amprobe LM-120) to measure the lux levels in various locations in the home. The meter was held a standard 30 inches above and parallel to the floor. Lighting conditions were overcast outdoors at the time of the inspection and in order to prevent natural light from affecting indoor measurements all efforts were made to control the natural light. Window coverings were drawn in resident bedrooms, lounges and dining rooms tested, lights were turned on 5 minutes prior to measuring and doors were closed where possible (i.e. corridors). Areas that could not be tested due to natural light infiltration included a section of the large main dining room and certain common areas. The 3rd floor was not measured.

Discussions were held with the administrator and maintenance manager during the inspection on October 29, 2015 regarding the status of the lighting upgrade plan after a tour of the home was completed. According to the maintenance person, all of the necessary bulb replacements had been completed, wall sconces added and any failed ballast on any troffer light fixture or burned out tube was replaced with a newer generation ballast and fluorescent tube which has higher lux levels and better efficiency.

For this follow-up inspection, several different bedrooms, some resident washrooms, all tub rooms, shower rooms, common washrooms, 1st and 2nd floor dining rooms and several corridors were measured to determine current lighting levels. Despite the lighting upgrades made by the licensee, the areas below were found to be non-compliant with the lighting table;

A) Resident Bedrooms

The home was constructed to include resident rooms of various sizes and configurations, either private, semi-private, 3-bed or 4-bed ward rooms. Over the years, various types of ceiling light fixtures have been added or replaced. The types of ceiling fixtures varied from fluorescent tube lights (troffer lights), recessed pot lights, flush dome lights to tube lights. With or without ceiling light fixtures, none of the bedrooms met the minimum requirement of 215.28 lux. Seventeen rooms on the

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first floor and five on the 2nd floor were not equipped with any ceiling lights and were very dark. All rooms, regardless of size were equipped with over bed lights mounted on the wall above each bed, which provided some illumination and met the minimum required level of illumination for a reading light. Adequate bedroom illumination levels are necessary in areas of activity, such as dressing, grooming, personal care and walking. The bedrooms below were measured (with all available lights on, including over bed lights) and key areas measured included in front of the wardrobes, between any two beds, at the foot of the beds and along the path of travel to the bed(s):

1. Private Bedroom #106 - equipped with no ceiling lights. Entrance was approximately 6 feet long with a closet on the right. Lux was 20 at the closet. The lux in the centre of the room or at the foot of the resident's bed was between 30-50 lux with the over bed light on.
2. Semi Private Bedroom #1009 – equipped with an entrance light (not measured) and one ceiling flush mounted dome light with an opaque lens in the center of the room which was 60 lux directly under the light. The level of illumination did not exceed 50 lux between the two beds (when measured at the centre point of the bed between the head board and the foot board).
3. Semi Private Bedroom # 1004 -the level of illumination did not exceed 74 lux between the two beds (when measured at the centre point of the bed between the head board and the foot board).
4. Ward Bedroom #101 – equipped with 2 troffer ceiling lights with a clear lens. The lux was 180 between the beds, 173 at the foot of the beds, and 100 lux in front of wardrobes.
5. Ward Bedroom #119 – not equipped with any ceiling light fixtures. The lux was 20 at the foot of the beds, 40-50 lux in front of the wardrobes, and 80 lux between the set of beds.
6. Ward Bedroom #100 – equipped with two ceiling pot lights in the centre of the room, spaced 16 feet apart. The lux was 125 directly under each pot light. The lux between two beds was 100.
7. Three-bed ward bedroom #2003 – equipped with an entrance dome light with opaque lens and a central ceiling dome light with opaque lens. The lux was 90 directly under the ceiling light and 100 lux at the foot of one bed.
8. Semi-private bedroom # 202 -equipped with only over bed lights, measured in front of wardrobes average of 30 lux, and between beds average of 190-195 lux.

B) Corridors

The corridors on the 1st and 2nd floors consisted of a drop ceiling, with troffer (ceiling flush mounted fluorescent tubes with clear lens) lights installed, not centrally, but

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along the length of one side of the corridor, end to end. Certain corridors were additionally equipped with wall sconce lighting fixtures (with compact fluorescent bulbs) attached to the corridor wall spaced 6 feet apart on the opposite side of the troffer lights. The measurement of the various corridor lighting levels was taken straight down the centre of the corridor, with doors closed to the various rooms.

1. Cedar corridor on the first floor between the main lobby and the nurse's station on the right, was equipped with troffer light fixtures on one side of the corridor.

According to the maintenance supervisor, some of the ballasts and tubes in the corridor had been replaced. This was verified near room #1004 which met the minimum requirement. However, along the corridor outside rooms 1003 and 1007, the lux was 80-100.

2. Pine corridor on the first floor between the nurse's station and towards rooms #111 and #110 was equipped with troffer lights and wall sconces spaced approximately 6 feet apart. The lux level was sufficient in the corridor with the exception of the area in front of rooms 108 and 110, where wall sconces were not added.

3. Poplar corridor on the second floor, from the elevator to room #2003 was equipped with continuous fluorescent lights along one side of the corridor, the lux in front of the elevator was between 55-90 lux, and 70-80 lux outside of room #2001.

4. Willow corridor on the second floor, in front of the nursing station and across from room # 218 was 160 lux, and outside of room #2016- 2017 an average of 180 lux.

5. Maple corridor on the second floor, In front of the lounge and stairwell had one pot light and was 150 lux.

C) Dining Rooms

1. Some sections of the main dining room, located below the 1st floor did not meet the minimum requirement of a minimum of 215.28 lux. The dining room was equipped with 5 sets of chandelier light fixtures (set centrally within a tray ceiling covered in mirrors), 5 wall sconces, several spot lights (near the stage) and numerous 2 foot by 2 foot troffer light fixtures. The room was over 2000 square feet and consisted of approximately 46 tables. One side of the dining room was constructed with a wall of windows which did not have adequate window covers to keep out the natural light, therefore the illumination levels were not taken in and around tables 1-14. Areas that were found to be insufficiently illuminated included the areas under and within 5 feet of the chandelier light fixtures. The lux was approximately 100 directly under the chandelier lights and increased gradually as the meter approached a troffer light fixture. The area directly opposite the windows which was equipped with wall sconce lighting was below 200 lux at certain tables which were positioned along the wall and more than several feet away from a troffer

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ceiling fixture. Areas requiring adequate lighting levels include over resident tables and the path of travel to and from tables.

2. The 2nd floor dining room was equipped with 4 ceiling flush mounted dome shaped light fixtures with an opaque lens and 2 ceiling fan lights. The blinds were pulled and lights turned on for several minutes before measuring. The lux was 70-90 directly below the dome lights and approximately 150 lux near the serving area. Neither of the fan lights could be turned on after pulling on all of the different chains connected to them.

D) Common Washrooms

Several washrooms located in corridors were measured to be well below the required minimum of 215.28 lux. They included the following;

1. Pine corridor common washroom (across from the nurse's station) – Equipped with a wall mounted fluorescent tube light was 75 lux over the vanity and 30 lux over the toilet.
2. Washroom (near stairwell #27) – equipped with a wall mounted fluorescent tube light and an opaque lens was 125 lux over the toilet area.
3. Washroom on Spruce had adequate lux readings above the vanities but had 150 lux in toilet cubicles.

Adequate lighting is required over the vanity and toilet as they are areas of activity related to toileting and grooming.

E) Common Spaces

1. The lounge on the 2nd floor next to room #2006 and stairwell #23 was equipped with one flush ceiling mounted dome light in the centre of the room and one at the entrance to the room. The illumination level in the centre of the room, directly below the light was 150 lux and did not meet the minimum requirement of 215.28 lux.

Interview of Resident #011 by Inspector #166 on October 27, 2015 (during the RQI) complained about the lights being dim in his room and described the lack of light as "being in a dungeon".

An inspection (#2014-220111-0006) was completed and Compliance Order (#003) was issued on April 9, 2014 regarding insufficient lighting levels throughout the home with a compliance date of April 10, 2015. A follow up inspection (#2015-178102-0023) was completed on April 30, 2015 which revealed that the lighting levels had not been increased and Compliance Order (#001) was issued with a requirement that



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the licensee submit a plan of corrective action by July 15, 2015 to increase lighting levels. The written plan of action was submitted on May 1, 2015 with commitments to replace bulbs or add lighting where necessary by July 24, 2015. (111)

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

Jul 30, 2017(A1)



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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

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



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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

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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.

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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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.

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
Toronto ON M5S 2B1
Télécopieur : 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.

Issued on this 7 day of March 2016 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** LYNDA BROWN

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