



**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

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 14, 2014	2014_365194_0008	O-000725- 14	Resident Quality Inspection

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

STREAMWAY VILLA
19 JAMES STREET WEST, COBOURG, ON, K9A-2J8

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

CHANTAL LAFRENIERE (194), AMBER MOASE (541), GWEN COLES (555), SAMI
JAROUR (570), WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 5, 6,7,8,11,12 & 13, 2014

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care (Admin/DOC), RAI Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Life Enrichment Coordinator (LEC), Life Enrichment Aides (LEA), Physio Therapist (PT), Environmental Services Manager (ESM), Maintenance Supervisor, Laundry/Housekeeping Aide, Residents and Family members

During the course of the inspection, the inspector(s) Toured the building. Interviewed residents and families. Observed meal service, medication administration and practices, infection control practices, programmed activities and the provision of staff/resident care. Reviewed the licensee's policies related to Prevention of Abuse, Reporting of Complaints and Concerns, Infection control program, weight management and Falls Prevention. Reviewed Resident Council meeting minutes, staff educational records, complaint logs and Resident clinical health records.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 17.
Communication and response system**



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).
-

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10 s.17(e) when the home was not equipped with a resident-staff communication and response system that is available in every area accessible by residents.

The resident-staff communication and response system is not available in the following heavily used resident areas:

- large dining/program space
- program/activation room.

The lack of availability of the resident staff communication and response system is a potential risk to the health, safety and well-being of residents. Visitors, staff or residents are not able to quickly and easily indicate that assistance is required in the identified locations. [s. 17. (1) (e)]

Additional Required Actions:

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



WN #2: 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. On August 12 and 13, 2014 illumination levels in resident areas were checked by Inspector 102. A hand held GE light meter was used. The meter was held 3 to 4 feet above the floor surface with all available electric light fixtures turned on. Window coverings were closed when light levels were measured in residents' bedrooms. Light meter readings were taken through out various bedroom sizes, configurations and occupancies and where staff and/or residents would be most likely to interact; work or use the space; for example: at the bedside, furnishings (beds, dressers, bedside tables, chairs, etc.), Travelled areas of the room between walls and furnishings, between the clothes closets and beds, etc.

Levels of illumination in a number of areas within the long term care home were from less than 50% to 75% of the required lighting level of 215.28 lux, excluding areas directly under or in close proximity to provided light fixtures; for example:



- in the majority of residents' bedrooms, which in most bedrooms also includes entrance vestibules.
- in the vicinity of the counter area that contains the refrigerator, ice machine, etc. in the large program/lounge/ dining area
- in portions of the shower room located in the corridor containing rooms 17 to 31
- in the program/lounge which is equipped with a ceiling fan with lights
- in the laundry room in the vicinity of the labeling machine, dryers and door into the room near the dryers
- in the hair salon in the vicinity of the hair dryer

Levels of illumination provided in corridors was identified to range from less than 25% to 50 % of the required illumination level of 215.28 lux of continuous, consistent lighting over the length of each of the following corridors:

- corridor serving rooms 1 to 16;
- corridor serving rooms 17 to 31; and
- section of corridor in the centre core area in the vicinity of the nursing station, extending from the fire separation doors leading to each of the two wings containing residents' bedrooms.

Note: levels of illumination were greater than 215.28 lux underneath or in close proximity to most of the provided operational light fixtures.

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 and to deliver safe and effective care to residents including: the distribution or application of prescribed drugs and treatments; to conduct assessments; to provide treatments. Low levels of illumination and shadows may negatively impact residents' perception of the surrounding environment affecting mobility, nutritional intake, and overall quality of life. [s. 18.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, s.6(7) when the care set out in the plan of care was not provided to the resident as specified in the plan.

Review of the plan of care for Resident #15 indicated that the resident is at high risk of falling.

On an identified date Resident #15 sustained a fall. The fall was un-witnessed and the resident had no injuries. The post fall assessment was completed and resident was not be left unattended on the commode.

One month later Resident #15 sustained another fall. The post fall assessment indicated that the resident was left unattended on the commode. The post fall assessment and staff were to be reminded not to leave resident unattended when on commode in bathroom.

The plan of care at time of fall and the current plan of care for toileting directs that Resident #15 requires 1-2 staff to toilet.

Staff #116 recalls the incident of a resident falling off the commode and stated that Resident #15 was left on the toilet unattended. Staff #116 stated that staff are not to leave the resident unattended on the commode.

PSW Staff #117 indicated that Resident #15 is at high risk of falling. Staff #117 stated that staff have been told verbally not to leave Resident #15 unattended on the toilet or the commode.

RPN Staff #103 stated the home's expectations regarding Resident #15 is that the resident requires 1-2 staff assist for toileting and somebody has to stay with the resident while in washroom. RPN # 103 stated that this had been discussed verbally with staff. [s. 6. (7)]



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 by ensuring that the care set out in the plan of care related to toileting is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #4: 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 failed to comply with LTCHA 2007 s.15(2)c when the home's equipment was not maintained in a safe condition and in a good state of repair.

-The over bed lights for the following rooms had broken pull chains, Rm #6,15,17,18,19,23,24,26 and 31.

-The over bed lighting fixtures in the resident's room have two functions, one to direct light up and one to direct light down to the bedside. The lighting fixtures in Rm's # 5,6,15,17,19,23,24,25,27,28,29,and 30 did not function to direct light upwards.

-The over bed lighting fixtures in the Rm #7 did not function to direct light towards the bed and the ceiling light were not working.

-The entrance lights to rooms #11 and #14 were not working.

The Admin/DOC verified that the home has an action plan in place to address the above issues, but the plan has not been carried out to date. [s. 15. (2)]



2. The licensee failed to comply with LTCHA 2007 s.15(2)a when the home's furnishings and equipment were not kept clean and sanitary

During a family interview it was reported that the resident's window sill had evidence of cobwebs and dirt since the time of admission. Observations made by inspector of 15 South Wing Resident Bedroom windows, found evidence of all window screens being covered with cobwebs, dead insects and grass; and internal window sills had evidence of dust, dead flies.

Housekeeping staff #104 and ESM stated during interviews with inspectors that the daily housekeeping schedule for cleaning rooms included cleaning of all internal window sills. The Admit/Discharge Transfer check list indicated the cleaning schedule done with the Maintenance department that includes external windows cleaning.

Maintenance staff #105 stated during an interview that window cleaning entails glass cleaned inside and out, screen vacuumed, lock and crack check to be in good working order, and reported housekeeping was responsible for cleaning on internal window sills and screens.

Staff #114(ESM) and Admin/DOC stated during interviews with inspectors that an internal Environmental audit for the home was completed on June 23, 2014. The Admin/DOC stated that the action plan formulated from the Environmental Audit had been started but not completed at this time.

During the observation period of the RQI it was noted that the soiled utility rooms #6C and #20C contained shelving to store clean bed pans, urinals and basins, directly above the hopper. PSW # 118 confirmed that the hopper in Room #6C was utilized by staff to rinse commode basins as well as soiled linen.

-The over the bed lights cords were visibly soiled in Rm # 9, 14, 24, and 31. [s. 15. (2) (a)]



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 by ensuring that the home is kept clean and sanitary as well as the equipment is maintained in a safe condition and in a good state of repair., to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10 s.101(1) when two residents made verbal complaints related to missing money to a staff member and no investigation was initiated.

On July 11, 2014 Resident #3 and #26 expressed verbal complaints to LEA Staff #110 and no further action was completed.

LEC Staff #109 has confirmed that the DOC/Administrator was not made aware of the verbal complaint from either resident.

Licensee's policy "Complaints Procedures" AM-6.1 directs any complaint given to a staff member, whether verbal or written, shall be directed or communicated immediately to the administrator of the home. [s. 101. (1) 1.]



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Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 22nd day of August, 2014

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



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

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

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*

**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**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHANTAL LAFRENIERE (194), AMBER MOASE (541),
GWEN COLES (555), SAMI JAROUR (570), WENDY
BERRY (102)

Inspection No. /

No de l'inspection : 2014_365194_0008

Log No. /

Registre no: O-000725-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 14, 2014

Licensee /

Titulaire de permis : OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12,
PETERBOROUGH, ON, K9K-2M9

LTC Home /

Foyer de SLD : STREAMWAY VILLA
19 JAMES STREET WEST, COBOURG, ON, K9A-2J8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : KYLIE SZCZEBONSKI



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

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

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

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

To OMNI HEALTH CARE LIMITED PARTNERSHIP, you are hereby required to
comply with the following order(s) by the date(s) set out below:



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

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

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) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee will ensure that the resident staff communication and response system is available in every area accessible by residents, including:

-the large dining/program space

-the program/activation room.

Grounds / Motifs :



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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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**Ministère de la Santé et
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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*

1. The resident-staff communication and response system is not available in the following heavily used resident areas:

- large dining/program space
- program/activation room

The lack of availability of the resident staff communication and response system is a potential risk to the health, safety and well-being of residents. Visitors, staff or residents are not able to quickly and easily indicate that assistance is required in the identified locations.

(102)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2014

Order(s) of the InspectorPursuant 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 :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**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 :

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*

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

- A minimum level of 215.28 lux in all residents' bedrooms, shower room, laundry room, hair salon and common areas.
- A minimum level of 215.28 lux continuous consistent lighting throughout all corridors

The licensee will provide a written progress report to indicate the status of the lighting levels by January 31, 2015

This progress report must be submitted in writing to the MOHLTC, Attention: Wendy Berry, Fax (613)569-9670.

Grounds / Motifs :

1. On August 12 and 13, 2014 illumination levels in resident areas were checked by Inspector 102. A hand held GE light meter was used. The meter was held 3 to 4 feet above the floor surface with all available electric light fixtures turned on. Window coverings were closed when light levels were measured in residents' bedrooms.

Light meter readings were taken through out various bedroom sizes, configurations and occupancies and where staff and/or residents would be most likely to interact; work or use the space; for example: at the bedside, furnishings (beds, dressers, bedside tables, chairs, etc.), traveled areas of the room between walls and furnishings, between the clothes closets and beds, etc.

Levels of illumination in a number of areas within the long term care home were from less than 50% to 75% of the required lighting level of 215.28 lux, excluding areas directly under or in close proximity to provided light fixtures; for example:

- in the majority of residents' bedrooms, which in most bedrooms also includes entrance vestibules.
- in the vicinity of the counter area that contains the refrigerator, ice machine, etc. in the large program/lounge/ dining area
- in portions of the shower room located in the corridor containing rooms 17 to 31
- in the program/lounge which is equipped with a ceiling fan with lights
- in the laundry room in the vicinity of the labeling machine, dryers and door into the room near the dryers
- in the hair salon in the vicinity of the hair dryer



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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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Levels of illumination provided in corridors was identified to range from less than 25% to 50 % of the required illumination level of 215.28 lux of continuous, consistent lighting over the length of each of the following corridors:

- corridor serving rooms 1 to 16;
- corridor serving rooms 17 to 31; and
- section of corridor in the centre core area in the vicinity of the nursing station, extending from the fire separation doors leading to each of the two wings containing residents' bedrooms.

Note: levels of illumination were greater than 215.28 lux underneath or in close proximity to most of the provided operational light fixtures.

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 and to deliver safe and effective care to residents including: the distribution or application of prescribed drugs and treatments; to conduct assessments; to provide treatments. 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 : May 31, 2015



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

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

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

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



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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des Soins de longue durée**

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*

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.



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

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*

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

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*

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
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.



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

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*

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

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*

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.

Issued on this 14th day of August, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Chantal Lafreniere

Service Area Office /

Bureau régional de services : Ottawa Service Area Office