



**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**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11ième étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## **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>
Jun 22, 2015	2015_189120_0046	H-001971-15, H-002232-15, H- 002673-15	Complaint

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

BELLA SENIOR CARE RESIDENCES INC.  
1000 FINCH AVENUE WEST SUITE 901 TORONTO ON M3J 2V5

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

BELLA SENIOR CARE RESIDENCES INC.  
8720 Willoughby Drive NIAGARA FALLS ON L2G 7X3

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

BERNADETTE SUSNIK (120)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): June 11, 2015**

**Three complaints were received and reviewed for compliance with applicable legislation. The complaints were related to staff immunization, availability of supplies and equipment and housekeeping services. During the inspection illumination levels were also assessed as the home environment was noted to be dark.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care and Associate Director of Care, Nursing Department Assistant Manager, maintenance and housekeeping staff, a family member and a resident. A tour of one home area was completed including random resident rooms and a common area for general sanitation. Lighting levels were measured in two home areas. Personal protective supplies such as gloves were noted to be available for staff during the tour. Documentation was reviewed related to both outbreaks that occurred in 2015, outbreak staffing schedules, staff immunization rates, immunization policies and procedures and public health directives related to managing the outbreaks. Documentation was reviewed related to the management and maintenance of lift equipment. Discussions were held regarding the availability and management of personal protective supplies (gloves, masks and gowns) and mechanical lift and transfer equipment.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Housekeeping  
Infection Prevention and Control**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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.

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

The home was built prior to 2009 and therefore the section of the lighting table that applies is titled "All other homes". A portable light meter was used to measure illumination levels in the corridors of the second floor (Legends and Lundy's Lane) and resident bedroom 2016. These areas were used as a representative of all of the corridors and resident bedrooms as they were equipped with the same type and style of light fixture.

The corridors in both home areas were equipped with troffer style light fixtures (slightly recessed fluorescent tubes with louvered lens) spaced either 4, 6 or 8 feet apart. For those sections that were spaced 8 feet apart, the lux between the fixtures was 150. The sections of corridor in front of each nursing station was equipped with recessed pot lights that provided 125 lux between the fixtures. The minimum required level of illumination for corridors is a continuous and consistent 215.28 lux.

Resident bedrooms were all equipped with one over bed light fixture so that the illumination was angled towards the ceiling, a wall sconce on the opposite wall and an entry light. With window blinds pulled and all lights on and left to warm for at least 5 minutes, the level of illumination was 150 lux at the head of the bed, side of the bed, foot of the bed and path leading to the bed from the light at the entrance. The required level of illumination in these areas is 215.28 lux and the level under the head of the bed in a reading position is required to be 376.73 lux. [s. 18.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that lighting requirements set out in the Table are maintained, to be implemented voluntarily.***



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

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

**Original report signed by the inspector.**