



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 23, 2017	2017_552531_0031	020952-17	Other

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

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE MARMORA  
58 BURSTHALL STREET P.O. BOX 429 MARMORA ON K0K 2M0

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

SUSAN DONNAN (531)

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

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

This inspection was conducted on the following date(s): November 10, 2017.

Log # 020952-17 related to lighting requirements

During the course of the inspection, the inspector(s) spoke with the Administrator, the Environmental Service Supervisor and residents.

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

The following Inspection Protocols were used during this inspection:



Safe and Secure Home

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

- 1 WN(s)
- 1 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>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. The licensee has failed to ensure that the lighting requirements set out in the lighting table were maintained.

During the Resident Quality Inspection, August, 2017, the inspectors noted low lighting levels in the residents' room accommodation and common areas of the home. During interviews with resident #001 and #002 they both indicated that the low lighting made it difficult to read and participate in activities.

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



A hand held digital light meter was used (Amprobe LM-120) to measure the lux levels in various locations. While using this meter, the operating error of < 10% was used to determine adequate lighting levels. The meter was held a standard 30 inches above and parallel to the floor. Lighting conditions were clear and it was sunny 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. All available window coverings were drawn and doors closed in resident bedrooms, en-suite bathrooms, the main lounge and main dining room and the corridors and all available light fixtures were turned on and warmed up. Areas that could not be measured included the ends of the corridors of each resident unit due to filtered natural light with no available window coverings.

The home is on one level. There are two long corridors, the first corridor leading from the administration office to the nurses station. The second corridor (north/south corridor) is perpendicular to the first corridor in the area of the nurses' station, with a small third corridor, the east corridor, perpendicular to the south corridor at the junction of the nurses' station.

The corridors were equipped with ceiling flushed, frosted covered ballast light fixtures with fluorescent tube lights spaced approximately 180 cm – 210 cm apart.

Levels of illumination in corridors throughout the home (except the ends of the north/south and east entrance leading to the outdoors) were measured at 50% of the required lighting levels of 215.28 lux.

The main activation lounge was equipped with 30 cm frosted covered, ceiling mounted dome lights approximately 150 -180 cm apart. The illumination level measured 50% of the required lighting levels of 215.28 lux.

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

Levels of illumination in room 205, 213 and 214 en-suite washrooms were measured at 50% of the required lighting levels.

The illumination levels in the main dining room measured 50% of the required lighting areas over and between the tables along the east, north and south walls.



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On November 10, 2017 the Administrator accompanied Inspector #531 in measuring the lux levels in the identified areas, acknowledging the minimum required amount of 215.28 lux was not achieved in all areas of the home. [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 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 throughout corridors, and common areas including the activation lounge and dining room, to be implemented voluntarily.***

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Issued on this 23rd day of November, 2017

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

**Original report signed by the inspector.**