



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

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

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 24, 2014	2014_189120_0013	H-000206-14	Other

Licensee/Titulaire de permis

MAPLEWOOD NURSING HOME LIMITED
500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4

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

CEDARWOOD VILLAGE
500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4

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

BERNADETTE SUSNIK (120)

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): February 11, 2014

During the course of the inspection, the inspector(s) spoke with the administrator and director of care regarding lighting levels and emergency procedures.

During the course of the inspection, the inspector(s) reviewed the emergency manual and measured lighting levels in corridors, resident rooms and resident bathrooms.

The following Inspection Protocols were used during this inspection:
Safe and Secure Home



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Findings of Non-Compliance were found during this inspection.

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 :



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1. The licensee has not ensured that the lighting requirements set out in the lighting table have been maintained.

A Sekonic light meter, held 4 feet above the floor level was used to determine if the home's lighting levels met the legislative requirements. Light fixtures on both the 1st and 2nd floor corridors were spaced 12 feet apart, and every other light fixture was missing a fluorescent light bulb. Small wall mounted light sconces were available between these fixtures. The ceiling fixtures were fluorescent tubes covered in an opaque plastic cover which hung down from the ceiling. The light level directly under the various fixtures was 100 lux. The lux between the light fixtures was zero. A consistent and continuous lux of 215.28 is required along the corridor.

No general room lighting was available in any bedroom. The over bed lighting levels were adequate, but would not be able to sufficiently provide 215.28 lux in the bedroom.

The resident washrooms had a small fixture above the sink, with two small spiral bulbs illuminating the room. The lux was 250 above the sink but dropped to approximately 100 over the toilet. The minimum general room lighting requirement is 215.28 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 the lighting requirements set out in the lighting table are met, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans



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Specifically failed to comply with the following:

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,

i. fires,

ii. community disasters,

iii. violent outbursts,

iv. bomb threats,

v. medical emergencies,

vi. chemical spills,

vii. situations involving a missing resident, and

viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).

s. 230. (5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation. O. Reg. 79/10, s. 230 (5).

2. Lines of authority. O. Reg. 79/10, s. 230 (5).

3. Communications plan. O. Reg. 79/10, s. 230 (5).

4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).

Findings/Faits saillants :



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1. The home's emergency plans do not provide for dealing with the loss of one or more essential services. Essential services have been defined under section 19(1) of Ontario Regulation 79/10 and include loss of heat, refrigeration, safety and emergency equipment, dietary equipment used to prepare foods and deliver meals and snacks and the loss of the resident-staff communication and response system.

The home's plan titled "Hydro Disruption" identifies that a generator would be delivered to the home should power fail for more than 1.5 hours or if residents have been identified to be at risk. The home's emergency plans do not provide any direction to staff should the above essential services fail regardless of a power loss or if the generator fails or if it cannot be delivered to the home within the required 3 hours. [s. 230(4)1]

2. The home's emergency plans, specifically plans regarding a loss of electricity does not address the following components:

2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities

The home's emergency plans identified as "Hydro Disruption" dated May 16, 2008 identifies when the plan shall be initiated but lacks several other components. The plan is very general and states that "department heads and/or charge staff will follow the procedure" outlined. It specifies several duties but does not identify who will complete the duties. No roles or responsibilities have been provided specifically for housekeeping, dietary, maintenance, nursing, activation or administrative staff. The plan does not address what information will need to be communicated to families, visitors, volunteers, staff and external agencies and how the information will be conveyed. [s. 230(5)]



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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 the home's emergency plans address lines of authority, communications plan and specific staff roles and responsibilities, to be implemented voluntarily.

Issued on this 24th day of February, 2014

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

B. Sosnik