



**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**

**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**

Ottawa Service Area Office  
347 Preston St 4th Floor  
OTTAWA ON L1K 0E1  
Telephone: (613) 569-5602  
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Bureau régional de services d'Ottawa  
347 rue Preston 4<sup>ième</sup> étage  
OTTAWA ON L1K 0E1  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## 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>
Apr 7, 2015	2015_178102_0014	O-000420-14	Complaint

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

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE KAWARTHA LAKES  
125 Colborne Street East LINDSAY ON K0L 2V0

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

WENDY BERRY (102)

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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): March 04 and 17, 2015**

**This complaint inspection is specific to lighting levels provided in the long term care home. A light meter was used during the 2 day inspection. Resident Council meeting minutes were reviewed.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of care (Acting), the Maintenance/Environmental Manager, a number of staff, residents and visitors.**

**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

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

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 has failed to ensure that the lighting requirements set out in the lighting table are maintained.

On March 04 and 17, 2015 illumination levels in the long term care home were checked by Inspector #102. A hand held GE light meter was used. The meter was held at varying heights above the floor surface. All available electric light fixtures were turned on and warmed up.

On day one of the inspection on March 04, 2015, many light fixtures throughout the home were observed to be either missing bulbs or contained bulbs that were not functioning.



The large quantity of missing and/or non functional light bulbs was discussed with management staff at the home.

On day 2 of the inspection on March 17, 2015, bulbs had been replaced and were functioning in the majority of light fixtures that were viewed. Some of the track lighting strips which are intended to be equipped with movable spotlight fixtures, did not have any lights fixtures or were missing lights on the provided tracks. Approximately 12 corridor pot light fixtures were identified by staff as having one or more defective ballasts preventing full function of the affected lights.

Levels of illumination in all open concept program/lounge areas, the chapel, the residents' kitchenette/tuck shop, the Balsam and Cameron Resident Home Area (RHA) dining rooms, in tub and shower rooms and in various work areas within the nursing/staff work stations were less than 25% to 75% of the required lighting level of 215.28 lux unless underneath or in close proximity to operational light fixtures.

The levels of illumination provided in the corridors throughout the main entrance area through to and into the Cameron and Balsam RHAs were identified to range from less than 50 % to 75% of the required illumination level between many of the light fixtures and along handrails, to greater than 215.28 lux directly under and in close proximity to the light fixtures. Shadowing was evident throughout RHA corridors. The corridors are illuminated by a combination of recessed pot light fixtures equipped with compact florescent bulbs and florescent strip lighting at a number of bedroom doorways. A minimum level of 215.28 lux of continuous, consistent lighting is not provided throughout corridors.

During the Resident Quality Inspection (RQI) which commenced on April 28, 2014, inspection # 2014 292553 0013, the President of the Residents' Council and inspection staff identified concerns with apparent low lighting levels in the home.

Residents' Council meeting minutes from a meeting which occurred on February 10, 2014 identified "concerns related to "dim lighting in hallways, dining rooms" as well as "some bulbs burnt out".

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



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treatments; to document. 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 # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 7th day of April, 2015**

**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**

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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** WENDY BERRY (102)

**Inspection No. /**

**No de l'inspection :** 2015\_178102\_0014

**Log No. /**

**Registre no:** O-000420-14

**Type of Inspection /**

**Genre**

Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Apr 7, 2015

**Licensee /**

**Titulaire de permis :** EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST, SUITE 700,  
MARKHAM, ON, L3R-9W2

**LTC Home /**

**Foyer de SLD :** EXTENDICARE KAWARTHA LAKES  
125 Colborne Street East, LINDSAY, ON, K0L-2V0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Nancy Rooney

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To EXTENDICARE (CANADA) INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

**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. 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 :**



The licensee will ensure that required levels of lighting are provided in all areas of the long term care home including, but not limited to:

- a minimum level of 215.28 lux of continuous consistent lighting throughout all corridors;
- a minimum level of 215.28 lux in all program/lounge areas, dining rooms, communal areas, tub and shower rooms, nursing/staff work stations.

The licensee will also implement immediate measures to ensure that functioning light fixtures are provided and maintained in all areas of the long term care home.

The licensee will provide a written progress report indicating the status of lighting levels by September 30, 2015. This progress report must be submitted in writing to the MOHLTC; Attention: OSAO Manager. Fax (613)569-9670.

### **Grounds / Motifs :**

1. The licensee has failed to ensure that the lighting requirements set out in the lighting table are maintained.

On March 04 and 17, 2015 illumination levels in the long term care home were checked by Inspector #102. A hand held GE light meter was used. The meter was held at varying heights above the floor surface. All available electric light fixtures were turned on and warmed up.

On day one of the inspection on March 04, 2015, many light fixtures throughout the home were observed to be either missing bulbs or contained bulbs that were not functioning. The large quantity of missing and/or non functional light bulbs was discussed with management staff who were in the home at the time of the inspection.

On day 2 of the inspection on March 17, 2015, bulbs had been replaced and were functioning in the majority of light fixtures that were viewed. Approximately 12 corridor pot light fixtures were identified by staff as having one or more defective ballasts preventing full function of the affected lights. Several track lighting fixtures in dining rooms and other communal areas were observed to be missing lights on the provided tracks.

Levels of illumination in all open concept program/lounge areas, the chapel, the residents' kitchenette/tuck shop, the Balsam and Cameron Resident Home Area



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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

(RHA) dining rooms, in tub and shower rooms and in various work areas within the nursing/staff work stations were less than 25% to 75% of the required lighting level of 215.28 lux unless underneath or in close proximity to operational light fixtures.

The levels of illumination provided in the corridors throughout the main entrance area through to and into the Cameron and Balsam RHAs were identified to range from less than 50 % to 75% of the required illumination level between many of the light fixtures and along handrails, to greater than 215.28 lux directly under and in close proximity to most of the light fixtures. Shadowing was evident throughout RHA corridors. The corridors are illuminated by a combination of recessed pot light fixtures equipped with compact florescent bulbs and florescent strip lighting at a number of bedroom doorways. A minimum level of 215.28 lux of continuous, consistent lighting is not provided throughout corridors.

During the Resident Quality Inspection (RQI) which commenced on April 28, 2014, inspection # 2014 292553 0013, the President of the Residents' Council and inspection staff identified concerns with low lighting levels in the home.

Residents' Council meeting minutes from a meeting which occurred on February 10, 2014 identified concerns related to "dim lighting in hallways, dining rooms" and "some bulbs burnt out".

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; to deliver safe and effective care to residents including: the distribution or application of prescribed drugs and treatments; to conduct assessments; to provide treatments; to document. 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 02, 2016**



**Ministry of Health and  
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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



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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](http://www.hsarb.on.ca).



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## **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, 11<sup>e</sup> 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.



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de l'article 154 de la *Loi de 2007 sur les foyers  
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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](http://www.hsarb.on.ca).

**Issued on this 7th day of April, 2015**

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

**Name of Inspector /  
Nom de l'inspecteur :** WENDY BERRY

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