



**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 prévue
le Loi de 2007 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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jun 29, 2017;	2017_552531_0002 (A1)	001815-17	Follow up

Licensee/Titulaire de permis

MANORCARE PARTNERS II
6257 Main Street Stouffville ON L4A 4J3

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

FRIENDLY MANOR NURSING HOME
9756 County Road, #2 P.O. Box 305 DESERONTO ON K0K 1X0

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

SUSAN DONNAN (531) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

On Friday June 23 2017, the home's Administrator contacted MOHLTC to request a 3 month extension for their compliance order due date. The new date would be September 30 2017. Reason for the request was more extensive electrical changes are needed at the home than what was originally planned.



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Issued on this 29 day of June 2017 (A1)

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

Original report signed by the inspector.



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

SUSAN DONNAN (531) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 25 and 26, 2017

Log# 001815-17 related to low levels of lighting.

**During the course of the inspection, the inspector(s) spoke with two
Environmental Service Managers and the Administrator.**

**Lighting levels were measured in corridors, dining rooms, lounges, specific
resident rooms, specific resident bathrooms and tub/shower rooms.**

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	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</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>

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.

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" .

This follow up inspection is in reference to a compliance order issued April 25, 2014 with a compliance date of July 31, 2015.

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 sunny day outdoors at the time of the inspection and in order to prevent natural from affecting indoor measurements all efforts were made to control the natural light. Window coverings were drawn in resident bedrooms, lounge, en-suite bathrooms and lounges and dining room measured, lights were turned on 5 minutes prior to measuring and doors were closed where possible (i.e. corridors) Areas that could not be measured included the ends of the corridor at the main entrance and the south entrance of the corridor and the smoking area due to no window coverings available.

The home is all on one level. There are two long corridor the first corridor leading from the administration office including room 201 to the south entrance leading to the outdoors. The second corridor (east/west corridor) is perpendicular to the first corridor in the area of the nurses' station.

The corridors were equipped with ceiling mounted, frosted covered ballast light fixtures with fluorescent tube lights spaced approximately 4-6 feet apart.

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

The level of illumination in the main shower area and the large entrance vestibule of the main tub room were measured at 50% of the required lighting levels of 215.28 lux.

Levels of illumination in room 201 and 209 en-suite washrooms were measured at 50% of the required lighting levels.

The small activation lounge and program office measured 50% of the required lighting levels.

The resident seating area along the east corridor measured 50% of the required lighting level of 215.28 lux.

On January 25 and 26, 2017 the Administrator and EMS #101 and #102 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.

The minimum required amount of 215.28 lux was not achieved in all areas of the home. The severity of the issue was potential for harm and the scope was widespread. A non-compliance order was issued April 25, 2014 with a compliance date of July 31, 2015. This continued pattern of non-compliance requires that the compliance order be reissued. Low levels of illumination and shadows may negatively impact residents' perception of the surrounding environment. [s. 18.]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001



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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

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SUSAN DONNAN (531) - (A1)

Inspection No. /

No de l'inspection : 2017_552531_0002 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 001815-17 (A1)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jun 29, 2017;(A1)

Licensee /

Titulaire de permis : MANORCARE PARTNERS II
6257 Main Street, Stouffville, ON, L4A-4J3

LTC Home /

Foyer de SLD : FRIENDLY MANOR NURSING HOME
9756 County Road, #2, P.O. Box 305,
DESERONTO, ON, K0K-1X0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Debbie Long



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
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O. 2007, chap. 8

To MANORCARE PARTNERS II, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
Linked to Existing Order / Lien vers ordre existant:	2014_347197_0008, CO #002;

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

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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 :



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section 154 of the Long-Term
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O. 2007, chap. 8

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

- a) a minimum of 215.28 lux of continuous, consistent lighting in all corridors (with the exception of the north main entrance and south entrance leading to the outdoors) with specific attention to areas between the ballast ceiling lights and resident seating areas.
- b) residents' en-suite washroom in room 201 and 209, small program lounge/office space, tub and shower rooms.

Grounds / Motifs :

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

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" .

This follow up inspection is in reference to a compliance order issued April 25, 2014 with a compliance date of July 31, 2015.

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 sunny day outdoors at the time of the inspection and in order to prevent natural from affecting indoor measurements all efforts were made to control the natural light. Window coverings were drawn in resident bedrooms, lounge, en-suite bathrooms and lounges and dining room measured, lights were turned on 5 minutes prior to measuring and doors were closed where possible (i.e. corridors) Areas that could not be measured included the ends of the corridor at the main entrance and the south entrance of the corridor and the smoking area due to no window coverings available.

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Levels of illumination in room 201 and 209 en-suite washrooms were measured at 50% of the required lighting levels.

The small activation lounge and program office measured 50% of the required lighting levels.

The resident seating area along the east corridor measured 50% of the required lighting level of 215.28 lux.

On January 25 and 26, 2017 the Administrator and EMS #101 and #102 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.

The minimum required amount of 215.28 lux was not achieved in all areas of the home. The severity of the issue was potential for harm and the scope was widespread. A non-compliance order was issued April 25, 2014 with a compliance date of July 31, 2015. This continued pattern of non-compliance requires that the compliance order be reissued. Low levels of illumination and shadows may negatively impact residents' perception of the surrounding environment affecting.

(531)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Sep 30, 2017(A1)



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Pursuant to section 153 and/or
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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
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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



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Care Homes Act, 2007, S.O.
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Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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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O. 2007, chap. 8

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.

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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2007, c. 8

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foyers de soins de longue durée, L.
O. 2007, chap. 8

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.

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 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 29 day of June 2017 (A1)

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

**Name of Inspector /
Nom de l'inspecteur :** SUSAN DONNAN

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