



**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
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 7, 2015	2015_189120_0051	T-2536-15	Complaint

Licensee/Titulaire de permis

PORANGANEL HOLDINGS LIMITED
2231 MEDHAT DRIVE MISSISSAUGA ON L5B 2E3

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

KING CITY LODGE NURSING HOME
146 Fog Road King City ON L7B 1A3

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 a Complaint inspection.

This inspection was conducted on the following date(s): June 18, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, Nurse Manager/Quality Lead and maintenance person regarding the presence of alleged mould and asbestos in the home. Conducted a full tour of the home (resident rooms, washrooms, common areas, tub room, laundry and basement spaces), observed the ceiling space (plenum) above the false ceiling in the activity room, resident room 117 and hair salon for visible mould and possible asbestos containing materials. The interior roof decking material did not have any visible mould but appeared suspicious in the hair salon and activity room for asbestos fibers and a request was made to have the material tested. The Licensee hired an environmental service company to obtain the sample and a sample of the material was sent to a lab on July 3, 2015 with results pending by July 13, 2015. No concerns were identified with respect to mould in the spaces toured. During the tour, lighting levels were observed to be very low and air quality appeared stale and therefore the ventilation system was tested and lighting levels were measured.

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

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

2 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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 as set out in the lighting 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". The Licensee's portable light meter, held 30-36 inches above and parallel to the floor by the maintenance person was used to measure illumination levels in the corridor, dining room, lounge, tub room and resident bedroom and washroom in #111. The one resident bedroom and washroom were used as a representative of all of the resident bedrooms and washrooms as they were equipped with the same type and style of light fixture. Outdoor light conditions were sunny and

bright and all efforts were made to exclude natural day light from the illumination readings.

A) The home was designed with with one long corridor and equipped with troffer style light fixtures (slightly recessed fluorescent tubes with an opaque lens) spaced either 6 or 8 feet apart and were positioned to run perpendicular to the corridor walls. Depending on the age and type of bulb in the fixture, the illumination levels varied from 532 to 100 lux directly under the fixtures. In between the fixtures, the range varied from 78 to 200 lux. The minimum required level of illumination for corridors is a continuous and consistent 215.28 lux.

B) The dining room was equipped with 6 light fixtures, that were suspended down from the ceiling on chains. The readings were taken at tables and pathways to the tables furthest away from the windows. Each had 3 compact fluorescent light bulbs and the light cover was opaque. When tested, the lux directly under these lights was 140-175 and approximately 115 between them. The required level of illumination over and around tables is 215.28 lux.

C) Resident bedrooms were not equipped with any general room light fixtures except for an over bed light on the wall above each bed. With window blinds pulled and curtains drawn and all lights on and left to warm for at least 5 minutes, the level of illumination was 39 lux in the centre of the room. The level under each over bed light was satisfactory. The required level of illumination in these areas is 215.28 lux.

D) Resident washrooms were equipped with one long fluorescent tube with an opaque lens on one wall of the washroom. The lux was 112 at the vanity and 92 at the toilet. The required level of illumination in these areas is 215.28 lux.

E) The tub room was equipped with ceiling mounted (semi-flush) light fixtures with fluorescent tubes and a semi-clear lens. The lights were already on when the room was entered. No windows were observed in the room. The lux above the tub was 116 and the lux over the toilet was 128. Neither of the two showers had any light fixtures inside and were very dark. The required level of illumination in these areas is 215.28 lux.

F) The resident lounge area (located next to the dining room) was equipped with 3 pendant lights and 3 sconce lights on the wall for a room that was approximately 28 by 24 feet. The fixtures were mostly located near the entrance to the room. The lux was 35-50 in areas that were lit. The area near the windows could not be tested. The required



level of illumination in the lounge 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 titled "All other homes" are maintained, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator. O. Reg. 79/10, s. 90 (3).

Findings/Faits saillants :

1. The licensee did not ensure that the home's mechanical ventilation systems were functioning at all times except when the home was operating on power from an emergency generator. On June 18, 2015, the exhaust system for the home was not operational. Numerous resident washrooms were tested by using a square piece of paper towel and held up against the exhaust grill. No suction was noted. The maintenance person was not aware of the issue and subsequently verified the malfunction. In reviewing the home's maintenance daily and monthly check lists, the exhaust system was not listed as a system that should be monitored. [s. 90(3)]



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Issued on this 7th day of July, 2015

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

Original report signed by the inspector.