



**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>
Jan 18, 2018	2017_643111_0019	000234-16	Follow up

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

Glen Hill Terrace Christian Homes Inc.  
200 Glen Hill Drive South WHITBY ON L1N 9W2

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

Glen Hill Strathaven  
264 King Street East Bowmanville ON L1C 1P9

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

LYNDA BROWN (111)

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

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

**This inspection was conducted on the following date(s): December 11, 2017**

**A follow up inspection was completed related to low lighting levels.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Environmental Services Manager, a resident and a family member.**

**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)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 18.	CO #001	2015_360111_0026		111



**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.

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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.

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" which indicates a minimum of 215 lux in all areas. A hand held digital light meter was used (Amprobe LM 120) to measure the lux levels in hallways, lounges, dining rooms, resident rooms and bathrooms. The meter was held a standard 30 inches above and parallel to the floor. Lighting conditions were overcast 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. Window



coverings were drawn in resident rooms and dining rooms. Lights were turned on 5 minutes prior to measuring and doors were closed where possible (i.e. corridors/dining rooms). Areas that could not be tested due to natural light infiltration included a section of the large main dining room and certain common areas. The 3rd floor was also not measured. The home is also has 210 beds.

Interview with both the Administrator and the Environmental Services Manager (ESM) during the inspection indicated the only areas where the lighting upgrade was completed was the resident rooms/dining rooms and lounges that were identified in the grounds. They both indicated no awareness that all resident rooms, washrooms, dining rooms, lounges and common areas were to meet the required lighting levels as identified in the order.

For this follow-up inspection, all corridors, lounges, dining rooms and a small sample of resident rooms/washrooms had lighting levels measured. A complete tour of the home was completed with the ESM to identify and confirm which resident rooms and which dining room remained outstanding to have low lighting levels corrected as follows:  
-Measurement of the lighting in the second floor dining room: indicated there was four 4x2 foot ceiling mounted ballasts light fixtures around the perimeter of the room and three ceiling fan light fixtures with a frosted glass dome cover down the middle of the dining room. The lighting levels down the middle of the dining room (directly under the ceiling fan light fixtures) had lighting levels of 190-210 lux at table level. where table 55, 59 and 60 were placed.

#### Second Floor resident rooms:

- room 206 (semi) had 2 wall mounted, above the head of the bed small white and brown metal covered light fixtures with compact fluorescent lights (CFL) in place.(approximately 10 x10 inches).
- Bed 1 (#113): foot of bed (FOB)measured 40 lux; bed entry area and between both beds measured 100 lux; in front of closet measured 65 lux.
- Bed 2 (#114): FOB measured 58 lux; bed entry measured 108 lux.
- rooms 200, 204, 205, 206, 207, 209, 2000, 2002,2004, 2006, 2007, 2009, 2017 (semi private rooms) all had the same light fixtures in place as in room 206 and would not meet lighting level requirements.
- rooms 208, 211, 210, 218, 2010 (private rooms) all had the same light fixtures in place as in room 206 and would not meet lighting level requirements.
- rooms 212, 214, 215, 216, 217, 218, 219, 221 (4 bed ward rooms) all had the same light fixtures in place as in room 206 and would not meet lighting level requirements.



-rooms 2012, 2013, 2014, 2015 (3 bed ward rooms) all had the same light fixtures in place as in room 206 and would not meet lighting level requirements.

-room 2018 & 2019 (semi private rooms) had an above head of bed, wall mounted white metal covered light fixture (approximately 12 inches x four feet long) with CFL bulbs. In addition, there were 2 ceiling mounted, frosted dome covered, 12x12 inches light fixtures with LED lights. The lighting levels at both bed 1 and 2 indicated the FOB both measured approximately 40 lux; the entry to the beds and in front of closets both measured approximately n=between 77-90 lux.

First floor (main level):

-rooms 102,116, 117, 114, 115, 113, 112, 1002, 1003, 1006, 1016, 1018, 1019, 122 (4 bed ward rooms) all had the same light fixtures in place as in room 206 and would not meet lighting level requirements.

-rooms 107, 108, 109, 111, 1012, 1013, 1014, 1015, 1017 (semi private rooms) all had the same light fixtures in place as in room 206 and would not meet lighting level requirements.

-rooms 104, 105, 110, 121, 123 (private rooms) all had the same light fixtures in place as in room 206 and would not meet lighting level requirements.

The second floor dining room and all resident rooms did not comply with the lighting requirements. [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 maintained in all areas, and especially in all resident rooms and the 2nd floor dining room, to be implemented voluntarily.***



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**Issued on this 18th day of January, 2018**

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

**Original report signed by the inspector.**