



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

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, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ème</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

Public Copy/Copie du public

| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|-----------------------------------------------|-----------------------------------|---------------------------------------|
| Apr 5, 19, 27, 30, 2012                       | 2012_028102_0021                  | Follow up                             |

**Licensee/Titulaire de permis**

CHARTWELL MASTER CARE LP  
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

BALLYCLIFFE LODGE NURSING HOME  
70 STATION STREET, AJAX, ON, L1S-1R9

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

WENDY BERRY (102)

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

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Environmental Services Manager, a maintenance person, hairdresser, several Registered and non Registered Nursing staff, housekeepers, residents and visitors.

During the course of the inspection, the inspector(s) followed up on a compliance order related to resident furnishings and equipment; toured resident areas of the home; reviewed door security and the resident staff communication and response system; reviewed residents' right to privacy and the cleaning of windows.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**



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| Legend                                                                                                                                                                                                                                                                  | Legende                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WN – Written Notification                                                                                                                                                                                                                                               | WN – Avis écrit                                                                                                                                                                                                                                                                                    |
| VPC – Voluntary Plan of Correction                                                                                                                                                                                                                                      | VPC – Plan de redressement volontaire                                                                                                                                                                                                                                                              |
| DR – Director Referral                                                                                                                                                                                                                                                  | DR – Aiguillage au directeur                                                                                                                                                                                                                                                                       |
| CO – Compliance Order                                                                                                                                                                                                                                                   | CO – Ordre de conformité                                                                                                                                                                                                                                                                           |
| WAO – Work and Activity Order                                                                                                                                                                                                                                           | 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 215.84 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, r. 18, Table.                                                       |                                                                                             |                                                                                        |                                                                                                                                                 |

**Findings/Faits saillants :**

1. Ballycliffe Lodge Nursing Home has Class C beds within the meaning of subsection 187(18) of the Act.
2. Lighting requirements for long term care homes are set out in a table under O.Reg. 79/10, s. 18. The requirements for Class C beds are listed in the table under the section titled "All other homes".
3. Light meter readings were taken in the home on April 19, 2012 using a GE light meter, which was shown to the Administrator and the Director of Care.
4. Lighting levels in all of the one, two and three bed resident bedrooms that were checked were less than 50% of the minimum required illumination level of 215.28 lux in the vicinity of bed foot boards. Light meter readings were taken 3 to 4 feet above the floor surface, during daylight hours with all available lights in the rooms turned on.
5. Lighting levels in a number of residents' washrooms were less than 50% of the minimum required illumination level of 215.28 lux in the vicinity of the toilets. Light meter readings were taken 3 to 4 feet above the floor surface, during daylight hours with available lights within the washrooms turned on.

Minimum lighting requirements are not maintained in the areas identified.

Note: lighting levels were not measured in every residents' room and washroom. A representative sampling of various room layouts were measured.

**Additional Required Actions:**

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



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**  
Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;  
(b) is on at all times;  
(c) allows calls to be cancelled only at the point of activation;  
(d) is available at each bed, toilet, bath and shower location used by residents;  
(e) is available in every area accessible by residents;  
(f) clearly indicates when activated where the signal is coming from; and  
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

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**Findings/Faits saillants :**

1. The resident staff communication and response system is not available for resident, staff and visitor use in all areas that are accessible to residents:
- 1st and 2nd floor lounges that are located near the nursing stations
  - hair salon on 1st floor
  - 1st floor lounge with adjacent physio space [s. 17(1)(e)]

**Additional Required Actions:**

**CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.**

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**Findings/Faits saillants :**

1. Privacy curtains were observed to be insufficient to provide privacy in a number of shared rooms; for example: in rooms identified.

On April 19, 2012 the Administrator advised that an audit had been completed. Additional privacy curtains, tracking and windows curtains had been ordered and were to be delivered and installed the following week.

**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 by ensuring that residents of all shared rooms are provided with sufficient privacy curtains to provide privacy on all sides of the bed, to be implemented voluntarily.**

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT  
CONFORME AUX EXIGENCES:**

**CORRECTED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES:**



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| REQUIREMENT/<br>EXIGENCE          | TYPE OF ACTION/<br>GENRE DE MESURE | INSPECTION # / NO<br>DE L'INSPECTION | INSPECTOR ID #/<br>NO DE L'INSPECTEUR |
|-----------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| O.Reg 79/10 r. 9.                 | WN #1                              | 2011_028102_0023                     | 102                                   |
| LTCHA, 2007 S.O. 2007, c.8 s. 15. | CO #001                            | 2011_028102_0023                     | 102                                   |

Issued on this 30th day of April, 2012

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

A handwritten signature in black ink, appearing to read "Kathy Lewis", is written over a large rectangular box.



**Ministry of Health and  
Long-Term Care**

**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

**Ministère de la Santé et  
des Soins de longue durée**

**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

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|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Name of Inspector (ID #) /<br>Nom de l'inspecteur (No) :                        | WENDY BERRY (102)                                                                    |
| Inspection No. /<br>No de l'inspection :                                        | 2012_028102_0021                                                                     |
| Type of Inspection /<br>Genre d'inspection:                                     | Follow up                                                                            |
| Date of Inspection /<br>Date de l'inspection :                                  | Apr 5, 19, 27, 30, 2012                                                              |
| Licensee /<br>Titulaire de permis :                                             | CHARTWELL MASTER CARE LP<br>100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1 |
| LTC Home /<br>Foyer de SLD :                                                    | BALLYCLIFFE LODGE NURSING HOME<br>70 STATION STREET, AJAX, ON, L1S-1R9               |
| Name of Administrator /<br>Nom de l'administratrice<br>ou de l'administrateur : | DUNA QAQISH                                                                          |

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To CHARTWELL MASTER CARE LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

**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

**Ministère de la Santé et  
des Soins de longue durée**

**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

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|                                 |     |                                         |                                    |
|---------------------------------|-----|-----------------------------------------|------------------------------------|
| <b>Order # /<br/>Ordre no :</b> | 001 | <b>Order Type /<br/>Genre d'ordre :</b> | 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 215.84 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, r. 18, Table.

**Order / Ordre :**

The licensee will ensure that required levels of lighting are provided and maintained in the long term care home including:  
-minimum levels of 215.28 lux in resident bedrooms and vestibules, and washrooms.

**Grounds / Motifs :**

1. Ballycliffe Lodge Nursing Home has Class C beds within the meaning of subsection 187(18) of the Act.
2. Lighting requirements for long term care homes are set out in a table under O.Reg. 79/10, s. 18. The requirements for Class C beds are listed in the table under the section titled "All other homes".
3. Light meter readings were taken in the home on April 19, 2012 using a GE light meter, which was shown to the Administrator and the Director of Care.
4. Lighting levels in all of the one, two and three bed resident bedrooms that were checked were less than 50% of the minimum required illumination level of 215.28 lux in the vicinity of bed foot boards. Light meter readings were taken 3 to 4 feet above the floor surface, during daylight hours with all available lights in the rooms turned on.
5. Lighting levels in a number of residents' washrooms were less than 50% of the minimum required illumination level of 215.28 lux in the vicinity of the toilets. Light meter readings were taken 3 to 4 feet above the floor surface, during daylight hours with available lights within the washrooms turned on.

Minimum lighting requirements are not maintained in the areas identified.

Note: lighting levels were not measured in every residents' room and washroom. A representative sampling of various room layouts were measured. (102)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Dec 31, 2013



**Ministry of Health and  
Long-Term Care**

**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

**Ministère de la Santé et  
des Soins de longue durée**

**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 :** 002

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;  
(b) is on at all times;  
(c) allows calls to be cancelled only at the point of activation;  
(d) is available at each bed, toilet, bath and shower location used by residents;  
(e) is available in every area accessible by residents;  
(f) clearly indicates when activated where the signal is coming from; and  
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

**Order / Ordre :**

The licensee will ensure that the resident-staff communication and response system is accessible in every area of the home that is accessed by residents.

**Grounds / Motifs :**

1. The resident staff communication and response system is not available for resident, staff and visitor use in all areas that are accessible to residents:
  - 1st and 2nd floor lounges that are located near the nursing stations
  - hair salon on 1st floor
  - 1st floor lounge with adjacent physio space [s. 17(1)(e)] (102)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Aug 15, 2012



**Ministry of Health and  
Long-Term Care**

**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

**Ministère de la Santé et  
des Soins de longue durée**

**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

**REVIEW/APEAL 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  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
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

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  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
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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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**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

**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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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.

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  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
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](http://www.hsarb.on.ca).

**Issued on this 30th day of April, 2012**

**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