



**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 1, 2018	2018_624196_0012	018476-17, 018484-17, 018487-17, 018492-17	Follow up

Licensee/Titulaire de permis

CVH (No. 2) LP

766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

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

Birchwood Terrace

237 Lakeview Drive, R.R. #1 KENORA ON P9N 4J7

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

LAUREN TENHUNEN (196), JULIE KUORIKOSKI (621), LOVIRIZA CALUZA (687)

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): April 23 - 27, 2018.

The following Compliance Orders issued during inspection #2017_652625_0010 were inspected during this Follow up Inspection:

**CO #001 related to 24 hour RN staffing;
CO #002 related to maintenance;
CO #003 related to medication; and
CO #004 related to the qualifications of the Director of Nursing and Personal Care.**

A Complaint inspection #2018_624196_0012 and a Critical Incident System inspection #2018_624196_0013 were conducted concurrently with this Follow Up inspection. As a result, findings of non-compliance related to LTCHA 2007, c. 8., (3), identified during the Complaint inspection will be issued in this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Ward Clerk/Scheduler, residents and family members.

The inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident, and resident to resident interactions, reviewed relevant health care records, as well as licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Medication

Sufficient Staffing



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

3 WN(s)

1 VPC(s)

2 CO(s)

1 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #002	2017_652625_0010	621
O.Reg 79/10 s. 213. (4)	CO #004	2017_652625_0010	196

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
<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>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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



1. The licensee has failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

During inspection #2017_652625_0010, Compliance Order #001 was issued pursuant to the Long-Term Care Homes Act, 2007, s.8. (3). The licensee was ordered to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations, with a compliance date of September 4, 2017.

In addition, two complaints were received by the Director regarding shifts in which there was no RN working in the home during a specific month, in 2018.

Inspector #196 reviewed the home's "Sign in Sheets" for a specific month in 2018, which identified that there had been no registered nurse (RN) working on the 12 hour day shift on three dates in a particular month in 2018.

During an interview with the Ward Clerk/Scheduler, they confirmed that there was no RN in the building during the dates and times identified on the "Sign in Sheets" reviewed by the Inspector.

During an interview with the Administrator, they reviewed the "Sign in Sheets" for the three dates in a specific month of 2018, and acknowledged there was no RN present and on duty. They further reported that they were aware that there have been shifts in which there had not been a RN on duty and present in the home, and that there had been shifts in which the DOC had worked to cover the shift. In addition, they reported there were ongoing issues with hiring RNs. [s. 8. (3)]

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The licensee has failed to ensure that there was, at least quarterly, a documented reassessment of each resident's drug regime.

During inspection #2017_633577_0002 Compliance Order #001 was issued pursuant to the Ontario Regulations 79/10, r. 134. (c). The licensee was ordered to:

"- have a member of the registered nursing staff conduct an audit of resident #009's and every resident's health care record in the home to determine which residents do not have a current quarterly documented reassessment of their drug regimes;

- ensure the quarterly, documented reassessments of each resident's drug regimes are completed so that all residents in the home have current orders for the drugs they are administered;

- maintain documentation that includes each resident's name, the date their chart is audited, the results of the audit (including the date that the resident's quarterly assessment was overdue, if applicable), the name and classification of the member(s) of the registered nursing staff who conduct the audit, the corrective action taken to ensure the assessments are completed and the date (s) that each assessment is completed; and

- develop and implement a monitoring process to ensure that each resident in the home has, at least quarterly, a documented reassessment of their drug regime, with a compliance date of September 4, 2017."



Inspector #687 reviewed a follow-up inspection related to the quarterly assessment of residents' drug regimes.

In an interview with RN #116, they verified that they were aware of the authorized period in the Physician's Order Review but the registered nurse (RN) could only process the physician's order once the initial check was completed by another RN, and the physician reviewed and signed the Physician's Order Review.

During a follow up telephone interview with RN #116, they stated that they were aware of the gap in relation to the Authorized Period of the Physician's Order Review and the date that the physician signed the medication reviews. However, the RN stated that they had no control of that situation; it was the responsibility of the pharmacy or the physician to ensure that the Physician's Order Reviews were up-to-date.

The DOC verified the Physician's Order Review for resident #009 for an approximate nine month period in 2017 and 2018, and verified that there were consistent delays from physician #118 in signing the Physician's Order Review.

The DOC further verified that the Physician's Order Review for resident #010 from an approximate nine month period in 2017 and 2018, and acknowledged that there were consistent delays from physician #119 in signing the Physician's Order Review.

In addition, the DOC verified the Physician's Order Review for resident #011 from an approximate nine month period in 2017 and 2018, and verified that there were consistent delays from physician #117 in signing the Physicians Order Review.

The DOC further reviewed the Physician's Order Review for resident #012 from an approximate nine month period in 2017 and 2018, and acknowledged that there were consistent delays from physician #119 in signing the Physician's Order Review.

Inspector #687 interviewed the Director of Care (DOC) and they acknowledged that they had not complied with the compliance order related to quarterly drug regimes which was due on September 4, 2017. The DOC stated that the Administrator prepared a letter of request to physician #117 to complete the residents' quarterly reviews.

Inspector #687 interviewed the Administrator who indicated they were aware of the compliance order that was due on September 4, 2017, regarding the residents' quarterly

medication reviews. Additionally the Administrator, stated that on a specific date in 2018, physician #117 was in the building and the Administrator discussed the request letter regarding completing the medication quarterly reviews, but did not provide a copy to the physician. Physician #117 stated to the Administrator that they would comply with the request at that time. [s. 134. (c)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 92. Designated lead — housekeeping, laundry, maintenance

Specifically failed to comply with the following:

s. 92. (1) The licensee shall ensure that there is a designated lead for each of the housekeeping, laundry services and maintenance services programs, but the same person may be the designated lead for more than one program. O. Reg. 79/10, s. 92 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a designate lead for each of housekeeping, laundry services and maintenance services programs, but the same person may be the designated lead for more than one program.

During an interview, the Administrator reported to Inspector #196 that the home's Environmental Services Manager (ESM) had retired on a specific date in 2018; that the home had been unsuccessful in recruiting a replacement; and the Administrator had assumed interim responsibility for the role of ESM in the home.

During an interview with the Administrator, they reported to Inspector #621 that after the ESM's retirement on a specific date in 2018, the Administrator, along with the DOC, Office Manager #124, Program Manager #125, Dietary Manager #126, Social Worker #127, and RN/Resident Assessment Instrument (RAI) Coordinator #128 assumed job responsibilities of the former ESM lead for laundry, housekeeping and maintenance services on weekdays, and/or as part of on-call duties after-hours and on weekends.

During an interview with the DOC, they reported to Inspector #621 that shortly after the previous ESM's retirement they discovered that in addition to their role as DOC, they were also now responsible for addressing housekeeping, laundry and maintenance issues that came up in the home in the resident care areas. The DOC identified that while they had a post-secondary degree in nursing, and 11 years of management experience in a community health setting, they had no previous technical training or direct work experience consistent with an ESM lead. The DOC also confirmed that approximately 10 per cent of their work time was being absorbed to address issues as a result of the vacancy in the ESM lead position.

During a review of the qualifications and training of management personnel who provided weekday and/or on-call coverage in lieu of a designated ESM lead, the Administrator identified that the home was attempting to manage issues as they arose, but none of the management team had specific training, nor evidence-based knowledge or practical experience related to housekeeping, laundry and maintenance services; and that neither the Dietary Manager #126 nor the Administrator had a post-secondary degree or diploma required of a designated ESM lead. The Administrator confirmed that since a date in 2018, the home was operating without a designated lead for housekeeping, laundry and maintenance services. [s. 92. (1)]



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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 that ensures there is a designate lead for each of housekeeping, laundry services and maintenance services programs, but the same person may be the designated lead for more than one program, to be implemented voluntarily.

Issued on this 12th day of June, 2018

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

Original report signed by the inspector.



**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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LAUREN TENHUNEN (196), JULIE KUORIKOSKI
(621), LOVIRIZA CALUZA (687)

Inspection No. /

No de l'inspection : 2018_624196_0012

Log No. /

No de registre : 018476-17, 018484-17, 018487-17, 018492-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jun 1, 2018

Licensee /

Titulaire de permis : CVH (No. 2) LP
766 Hespeler Road, Suite 301, c/o Southbridge Care
Homes, CAMBRIDGE, ON, N3H-5L8

LTC Home /

Foyer de SLD : Birchwood Terrace
237 Lakeview Drive, R.R. #1, KENORA, ON, P9N-4J7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Pat Stephenson

To CVH (No. 2) LP, 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 2017_652625_0010, CO #001;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee must be compliant with s. 8 (3) of the LTCHA.

The licensee shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order #001 from inspection #2017_652625_0010 issued on August 3, 2017, with a compliance date of September 4, 2017.

The licensee was ordered to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

In addition, two complaints were received by the Director regarding shifts in which there was no RN working in the home during a specific month, in 2018.

Inspector #196 reviewed the home's "Sign in Sheets" for a specific month in 2018, which identified that there had been no registered nurse (RN) working on the 12 hour day shift on three dates in a particular month in 2018.

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

During an interview with the Ward Clerk/Scheduler, they confirmed that there was no RN in the building during the dates and times identified on the "Sign in Sheets" reviewed by the Inspector.

During an interview with the Administrator, they reviewed the "Sign in Sheets" for three dates in the specific month in 2018, and acknowledged there was no RN present and on duty. They further reported that they were aware that there have been shifts in which there had not been a RN on duty and present in the home, and that there had been shifts in which the DOC had worked to cover the shift. In addition, they reported there were ongoing issues with hiring RNs.

The decision to reissue the Compliance Order was made due to the severity which was a level 2 as there was minimal harm or a potential for actual harm to the residents. The scope was level 3 as it affected all residents in the home. The Compliance history was a level 4 as there were ongoing related non-compliance that included:

- a Compliance order (CO) made under s. 8 (3) of the Long-Term Care Homes Act 2007, August 3, 2017 (#2017_652625_0010) with a compliance date of September 4, 2017;
 - a CO made under s. 8 (3) of the Long-Term Care Homes Act 2007, March 8, 2017 (#2017_633577_0002) with a compliance date of March 22, 2017;
 - Voluntary Plan of Correction (VPC) issued under s. 8 (3) of the Long-Term Care Homes Act 2007, from inspection commencing July 12, 2016 (#2016_246196_0009); and
 - a VPC issued under s. 8 (3) of the Long-Term Care Homes Act 2007, from inspection commencing on January 21, 2016 (#2016_339617_0004).
- (196)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2018

Order(s) of the InspectorPursuant 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 : 002	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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Linked to Existing Order / Lien vers ordre existant:	2017_652625_0010, CO #003;
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 134. Every licensee of a long-term care home shall ensure that,

- (a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;
- (b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and
- (c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Order / Ordre :

The licensee must comply with r. 134. (c) of the Ontario Regulations 79/10.

The licensee shall ensure that, there is, at least quarterly, a documented reassessment of each resident's drug regime.

Specifically the licensee must:

- (a) Ensure a member of the registered nursing staff conduct an audit of every resident's health care record in the home to determine which residents do not have a current quarterly documented reassessment of their drug regimes;
- (b) Ensure the quarterly, documented reassessments of each resident's drug regimes are completed so that all residents in the home have current orders for the drugs they are administered;
- (c) Maintain documentation that includes each resident's name, the date their chart is audited, the results of the audit (including the date that the resident's quarterly assessment was overdue, if applicable), the name and classification of the member(s) of the registered nursing staff who conduct the audit, the corrective action taken to ensure the assessments are completed and the date (s) that each assessment is completed; and
- (d) Develop and implement a monitoring process to ensure that each resident in the home has, at least quarterly, a documented reassessment of their drug regime.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order #003 from inspection #2017_652625_0010 issued on August 3, 2017, with a compliance date of September 4, 2017.

The licensee was ordered to:

- "- have a member of the registered nursing staff conduct an audit of resident #009's and every resident's health care record in the home to determine which residents do not have a current quarterly documented reassessment of their drug regimes;
- ensure the quarterly, documented reassessments of each resident's drug regimes are completed so that all residents in the home have current orders for the drugs they are administered;
- maintain documentation that includes each resident's name, the date their chart is audited, the results of the audit (including the date that the resident's quarterly assessment was overdue, if applicable), the name and classification of the member(s) of the registered nursing staff who conduct the audit, the

corrective action taken to ensure the assessments are completed and the date (s) that each assessment is completed; and

- develop and implement a monitoring process to ensure that each resident in the home has, at least quarterly, a documented reassessment of their drug regime."

Inspector #687 reviewed a follow up inspection related to the quarterly assessment of residents' drug regimes.

In an interview with RN #116, they verified that they were aware of the authorized period in the Physician's Order Review but the registered nurse (RN) could only process the physician's order once the initial check was completed by another RN, and the physician reviewed and signed the Physician's Order Review.

During a follow up telephone interview with RN #116, they stated that they were aware of the gap in relation to the Authorized Period of the Physician's Order Review and the date that the physician signed the medication reviews. However, the RN stated that they had no control of that situation; it was the responsibility of the pharmacy or the physician to ensure that the Physician's Order Reviews were up-to-date.

The DOC verified the Physician's Order Review for resident #009 from an approximate nine month period in 2017 and 2018, and verified that there were consistent delays from physician #118 in signing the Physician's Order Review.

The DOC further verified that the Physician's Order Review for resident #010 from an approximate nine month period in 2017 and 2018, and acknowledged that there were consistent delays from physician #119 in signing the Physician's Order Review.

In addition, the DOC verified the Physician's Order Review for resident #011 from from an approximate nine month period in 2017 and 2018, and verified that there were consistent delays from physician #117 in signing the Physicians Order Review.

The DOC further reviewed the Physician's Order Review for resident #012 from an approximate nine month period in 2017 and 2018, and acknowledged that there were consistent delays from physician #119 in signing the Physician's

Order Review.

Inspector #687 interviewed the Director of Care (DOC) and they acknowledged that they had not complied with the compliance order related to the quarterly drug regimes which was due on September 4, 2017. The DOC stated that the Administrator prepared a letter of request to physician #117 to complete the residents' quarterly reviews.

Inspector #687 interviewed the Administrator who indicated they were aware of the compliance order that was due on September 4, 2017, regarding the residents' quarterly medication reviews. Additionally the Administrator, stated that on a specific date in 2018, physician #117 was in the building and the Administrator discussed the request letter regarding completing the medication quarterly reviews, but did not provide a copy to the physician. Physician #117 stated to the Administrator that they would comply with the request at that time.

The decision to reissue this Compliance order was due to the severity of this issue which was a level 2 as there was minimum risk or a potential for actual harm to the residents. The scope was a level 3 as three of three residents did not have a current documented reassessment of their drug regime. The Compliance history was a level 4 as there was ongoing related non-compliance that included:

- a Compliance order (CO) made under r. 134 of the Ontario Regulations 79/10, August 3, 2017, (2017_652625_0010) with a compliance date of September 4, 2017. (196)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2018



**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/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, commercial courier 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



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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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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
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

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.



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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*

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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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



**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*

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers 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

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 1st day of June, 2018

Signature of Inspector /

Signature de l'inspecteur :



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

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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

Name of Inspector /

Nom de l'inspecteur :

Lauren Tenhunen

Service Area Office /

Bureau régional de services : Sudbury Service Area Office