



**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
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**

Central West Service Area Office
500 Weber Street North
WATERLOO ON N2L 4E9
Telephone: (888) 432-7901
Facsimile: (519) 885-9454

Bureau régional de services du
Centre-Ouest
500 rue Weber Nord
WATERLOO ON N2L 4E9
Téléphone: (888) 432-7901
Télécopieur: (519) 885-9454

Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Oct 31, 2018 | 2018_508137_0024 | 022965-17 | Follow up |

Licensee/Titulaire de permis

MacGowan Nursing Homes Ltd.
719 Josephine Street P.O. Box 1060 WINGHAM ON N0G 2W0

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

Braemar Retirement Centre
719 Josephine Street North, R.R. #1 P.O. Box 1060 WINGHAM ON N0G 2W0

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

MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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de soins de longue durée***

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

This inspection was conducted on the following date(s): August 20 - 23, 2018

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Physician, Office Manager, Ward Clerk, Registered Practical Nurse, Personal Support Workers, Activation Assistant, Family Members and residents.

The Inspector also toured the home, observed resident care provision, staff to resident interactions, reviewed residents' clinical records, staffing plan, staffing schedules, bathing records, recruitment strategies and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Sufficient Staffing**

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

1 WN(s)

0 VPC(s)

1 CO(s)

1 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| Legend | Légende |
| 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. 31. Nursing and personal support services



Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**
- (b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**
- (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**
- (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**
- (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

Findings/Faits saillants :

1. The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services.

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

- (a) provide for a staffing mix that was consistent with residents' assessed care and safety needs and that met the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**
- (d) include a back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work, related to ensuring 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.**

Compliance Order #001 dated August 16, 2017, from Resident Quality Inspection (RQI) 2017_610633_0005 and Log #008498-17 stated that the licensee was to ensure that the staffing plan provided for a staffing mix that was consistent with all residents' assessed



bathing needs and preferences.

Specifically, the licensee was to ensure that the identified residents and all residents were bathed according to their bathing needs and preferences at a minimum of twice weekly on their scheduled bath day. The licensee was also to ensure that the written staffing plan was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practice.

The licensee completed step e) in CO #001. The licensee failed to complete step a) in CO #001.

Review of the home's policy, subject "Staffing Plan / Reassignment of Duties", dated July 6, 2018, it was noted that there was a provision for the organization of shifts and it included a back-up plan for nursing and personal care staffing that addressed situations when staff could not come to work. Under the heading "Personal Support Worker/Health Care Aide (PSW/HCA)" for days, evenings and nights it stated that the plan and strategy was to call all available PSW/HCA's, bring staff in early or stay late, reassign staff (i.e. bath shift to regular shift), contact agency with approval, reassign residents to available PSW's, replace with overtime (OT) as needed and call other departments (housekeeping and dietary) for extra staff on the floor. The policy also stated that activities of daily living (ADL's), baths, Point of Care (POC) documentation, feeding in the dining rooms and distribution of snacks were duties that must be done.

Appendix two of the staffing policy titled "Low Staffing Shift Routine Guidelines" stated that baths and showers would be reassigned or rescheduled within 24 hours.

The 2018 annual staffing evaluation was completed on July 5, 2018 by the Administrator #101, Director of Care (DOC) #112, Ward Clerk #102 and Activation Manager #113.

On August 21, 2018, Ward Clerk #102 said that the normal staffing levels for nursing on each shift was eight PSW's which included two bath staff, one Registered Practical Nurse (RPN) and one Registered Nurse (RN) on days; seven PSW's which included one bath staff, one RPN and one RN on evenings; and three PSW's and one RN on nights. They said that the Administrator had been trying to hire Personal Support Workers as they continued to have periods when they were short, particularly on weekends with staff call-ins. Ward Clerk #102 also said that when they were short a PSW staff they would often re-assign the bath shift which resulted in baths not being done. Ward Clerk #102 stated that they did their best to catch up the next day but, when they were short several days in a row, it was difficult to catch up on the back log. When possible, they would bring in extra staff to help complete the missed baths but that depended on staff availability. Ward Clerk #102 acknowledged that over the last couple of months they had several weekends where they were short, which resulted in baths not being done.



Review of the bath schedules and the PSW schedules for a specific period in August 2018, identified the following:

Of the 130 scheduled baths, 67 residents (51.5 per cent) did not receive their baths on their scheduled bath day, due to staffing shortages. The home was short PSWs on five of the seven days. (71.4 per cent)

On August 22, 2018, a review of the PSW time sheets, from June to August 2018, showed the home had only been fully staffed with PSWs on five of the 66 (7.5 per cent) days.

The home currently has three permanent and four temporary part-time vacant PSW positions.

A review of the Registered Nurse (RN) schedule from July to August 2018 showed the home did not have 24/7 RN coverage for nine of 117 (7 per cent) shifts.

The home utilized agency RNs for 39 of the 177 (33.3 per cent) shifts during this same time period, due to RN shortages.

On August 22, 2018, PSW #104 said they were always short staffed and that staff were exhausted and frustrated. Baths were not being done or not always caught up. They tried to give residents a good wash in the morning and evening or offer a bed bath. They knew that the Administrator was trying to recruit but without success.

On August 22, 2018, PSW #108 said that they do work short but made sure resident care was done. Charting was not always completed. The Administrator was trying hard to get more staff hired but they just were not out there.

On August 22, 2018, PSW #109 said residents came first but mouth care and charting did not always get completed and bed baths were often given instead of a tub bath, due to staffing shortages.

On August 22, 2018, identified residents said the home was often short of staff and it meant having to wait a bit longer. They said they did receive their baths but not always on the days they were scheduled.

On August 22, 2018, Administrator #101 said that the sector was experiencing a critical shortage of PSW's and recruitment efforts often resulted in no applications being received.



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The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with the resident's morning care and bathing needs to ensure all residents were bathed according to their bathing needs and preferences at a minimum of twice weekly on their scheduled bath day, as well as not ensuring the staffing plan included a back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work, related to ensuring 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. [s. 31. (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.***

Issued on this 5th day of November, 2018

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
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) : MARIAN MACDONALD (137)

Inspection No. /

No de l'inspection : 2018_508137_0024

Log No. /

No de registre : 022965-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Oct 31, 2018

Licensee /

Titulaire de permis : MacGowan Nursing Homes Ltd.
719 Josephine Street, P.O. Box 1060, WINGHAM, ON,
N0G-2W0

LTC Home /

Foyer de SLD : Braemar Retirement Centre
719 Josephine Street North, R.R. #1, P.O. Box 1060,
WINGHAM, ON, N0G-2W0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Archie MacGowan



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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

To MacGowan Nursing Homes Ltd., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order / 2017_610633_0005, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The licensee must be compliant with s.31 of O.Reg.79/10.

Specifically, the licensee must ensure that the staffing plan
(a) provides for a staffing mix that is consistent with all residents' assessed care and safety needs, including bathing needs and preferences and that all residents are bathed according to their bathing needs and preferences at a minimum of twice weekly and
(d) includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work, related to ensuring 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 :

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
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1. The Licensee has failed to ensure that the staffing plan:

(a) provided for a staffing mix that was consistent with residents' assessed care and safety needs and that met the requirements set out in the Act and this Regulation; O. Reg. 79/10,

s. 31 (3).

(d) included a back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work, related to ensuring 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.

Compliance Order #001 dated August 16, 2017, from Resident Quality Inspection (RQI) 2017_610633_0005 and Log #008498-17 stated that the licensee was to ensure that the staffing plan provided for a staffing mix that was consistent with all residents' assessed bathing needs and preferences. Specifically, the licensee was to ensure that identified residents and all residents were bathed according to their bathing needs and preferences at a minimum of twice weekly on their scheduled bath day. The licensee was also to ensure that the written staffing plan was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practice.

The licensee completed step e) in CO #001. The licensee failed to complete step a) in CO #001.

Review of the home's policy, subject "Staffing Plan / Reassignment of Duties", dated July 6, 2018, it was noted that there was a provision for the organization of shifts and it included a back-up plan for nursing and personal care staffing that addressed situations when staff could not come to work. Under the heading "Personal Support Worker/Health Care Aide (PSW/HCA)" for days, evenings and nights it stated that the plan and strategy was to call all available PSW/HCA's, bring staff in early or stay late, reassign staff (i.e. bath shift to regular shift), contact agency with approval, reassign residents to available PSW's, replace with overtime (OT) as needed and call other departments (housekeeping and dietary) for extra staff on the floor. The policy also stated that activities of daily living (ADL's), baths, Point of Care (POC) documentation,

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feeding in the dining rooms and distribution of snacks were duties that must be done.

Appendix two of the staffing policy titled "Low Staffing Shift Routine Guidelines" stated that baths and showers would be reassigned or rescheduled within 24 hours.

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Review of the bath schedules and the PSW schedules for a specific period in August 2018, identified the following:

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On August 22, 2018, a review of the PSW time sheets, from June to August 2018, showed the home had only been fully staffed with PSWs on five of the 66 (7.5 per cent) days.

The home currently has three permanent and four temporary part-time vacant PSW positions.



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A review of the Registered Nurse (RN) schedule, from July to August 2018, showed the home did not have 24/7 RN coverage for nine of 117 (7 per cent) shifts.

The home utilized agency RNs for 39 of the 177 (33.3 per cent) shifts during this same time period, due to RN shortages.

On August 22, 2018, PSW #104 said they were always short staffed and that staff were exhausted and frustrated. Baths were not being done or not always caught up. They tried to give residents a good wash in the morning and evening or offer a bed bath. They knew that the Administrator was trying to recruit but without success.

On August 22, 2018, PSW #108 said that they do work short but make sure resident care gets done. Charting was not always completed. The Administrator was trying hard to get more staff hired but they just were not out there.

On August 22, 2018, PSW #109 said residents came first but mouth care and charting did not always get completed and bed baths were often given instead of a tub bath, due to staffing shortages.

On August 22, 2018, identified residents said the home was often short of staff and it meant having to wait a bit longer. They said they did receive their baths but not always on the days they were scheduled.

On August 22, 2018, Administrator #101 said that the sector was experiencing a critical shortage of PSW's and recruitment efforts often resulted in no applications being received.

The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with the resident's morning care and bathing needs to ensure all residents were bathed according to their bathing needs and preferences at a minimum of twice weekly on their scheduled bathing day, as well as not ensuring the staffing plan included a back-up plan for nursing and personal care staffing that addressed situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work, related to ensuring that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing



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staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

The severity of the issue was minimal harm or potential for harm and the scope of this issue was determined to be widespread. The home had a history of related non-compliance that was previously issued on August 16, 2017 as a Compliance Order (CO) during the Resident Quality Inspection (RQI) #2017_610633_005, March 15, 2016, as a Compliance Order (CO) during the Resident Quality Inspection (RQI) #2016_277538_0008 and a Voluntary Plan of Correction (VPC) was issued on September 28, 2015, during complaint inspection #2015_355588_0026.

(137)

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

Dec 14, 2018



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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

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:



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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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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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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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

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

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
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)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

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 31st day of October, 2018

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : MARIAN MACDONALD

Service Area Office /

Bureau régional de services : Central West Service Area Office