

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: August 22, 2025

Inspection Number: 2025-1400-0004

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Caessant-Care Nursing and Retirement Homes Limited

Long Term Care Home and City: Caessant Care on McLaughlin Road, Lindsay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 5-8, 11-15, 18-22, 2025.

The following intake(s) were inspected:

- An Intake regarding a resident altercation towards a co-resident.
- An Intake regarding a resident transfer to hospital due to a significant change in health status.
- Follow-up #1, CO #001 from inspection 2025-1400-0003, FLTCA, 2021, s. 6 (7) related to plan of care with a CDD of July 29, 2025.
- An Intake complaint regarding multiple care concerns for a resident.
- An Intake regarding a resident altercation towards a co-resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1400-0003 related to FLTCA, 2021, s. 6 (7)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration

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Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Residents' Rights and Choices
Reporting and Complaints
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 4.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to freedom from abuse.

The licensee has failed to ensure a resident had the right to freedom from abuse. A resident had interventions in place to manage a co-residents responsive behaviours however the interventions were not implemented, which resulted in harm to a resident.

Sources: Critical Incident report (CIR), Zero Tolerance of Abuse and Neglect Policy and Procedure, a residents clinical records, Interview with the Infection Prevention and Control/ Resident Care Coordinator (IPAC Lead/RCC) and Administrator.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

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Long-Term Care Operations Division
Long-Term Care Inspections Branch

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The licensee has failed to ensure that the registered staff collaborated with the Nurse Practitioner (NP) or Physician in the development and implementation of a resident's plan of care, upon the resident's returned home. The IPAC Lead/RCC confirmed the resident's treatment plan was not communicated to the Physician or NP, and as a result follow-up did not occur.

Sources: A resident's clinical records, interview with the IPAC Lead/RCC.

WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident's substitute decision maker was given the opportunity to participate fully in the development and implementation of the resident's plan of care, when the Registered Dietitian (RD) implemented new interventions for a resident.

Sources: CIR, Policy- Diet Order, a resident's clinical records, and an interview with the RD and Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan. A resident's care plan indicated interventions that staff were to implement when the resident was eating. An observation,

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review of clinical records and confirmation by a Registered Nurse (RN) indicated that the interventions were not implemented as per the resident's care plan.

Sources: Inspector observation, a resident's clinical health records, and an interview with an RN.

WRITTEN NOTIFICATION: Dietary services and hydration

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 15 (1) (a)

Dietary services and hydration

s. 15 (1) Every licensee of a long-term care home shall ensure that there is,
(a) an organized program of nutritional care and dietary services for the home to meet the daily nutrition needs of the residents; and

The licensee has failed to ensure the nutrition care program was followed. In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that there was Nutritional Care program in place and that this program was complied with. The policy indicated the registered staff can downgrade a resident's diet for resident safety. The RD indicated the resident's diet should have been downgraded by the registered staff when they observed the resident having difficulty eating. The RD assessed the resident the next day and interventions were implemented.

Sources: The home's dietary policies, a resident's clinical records, interview with the RD and DOC.

WRITTEN NOTIFICATION: Dietary services and hydration

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 15 (1) (b)

Dietary services and hydration

s. 15 (1) Every licensee of a long-term care home shall ensure that there is,
(b) an organized program of hydration for the home to meet the hydration needs of residents.

The licensee has failed to ensure that there was an organized program of hydration for the home to meet the hydration needs of a resident.

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In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that there was a Hydration Program in place to meet the hydration needs of residents and that this program was complied with. The home's Hydration Program indicated procedures to assess and monitor a resident's hydration status and when to implement interventions if their hydration goals were not met. Review of a resident's clinical records confirmed that when the resident did not meet their hydration goals, interventions were not implemented.

Sources: The home's policies and procedures, a resident's clinical health records, and an interview with registered staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that interventions and procedures as indicated in the home's Zero tolerance of abuse and neglect policy and procedures, were implemented by registered staff after a resident to resident altercation. The DOC confirmed that two of the interventions to assess the resident's wellbeing after the incident were not completed until the next day.

Sources: CIR, Policy- Zero Tolerance of abuse and neglect and skin and wound policy, the resident's clinical records, and an interview with the DOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has

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occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that staff immediately reported to the Director when a resident reported physical abuse by a co-resident.

Sources: CIR, Policy- Zero Tolerance of abuse and neglect, interview with the DOC.

WRITTEN NOTIFICATION: 24-hour admission care plan

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 27 (2) 8.

24-hour admission care plan

s. 27 (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 246/22, s. 27 (2); O. Reg. 66/23, s. 5.

The licensee has failed to ensure that a resident's care plan included diet orders. The DOC confirmed that upon a resident's admission the resident's diet was not indicated on the Electronic Medication Administration Record (E-mar) as per the care plans direction.

Sources: Policy Diet Orders policy, a resident's clinical records, interview with the DOC.

WRITTEN NOTIFICATION: General requirements

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that actions were taken to address a resident's pain under the pain management program, including assessments, reassessments,

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interventions and the resident's responses to interventions. The pain management program procedure indicated when registered staff were to initiate the Pain 72-Hour Pain Screening Tool and Comprehensive Assessment. The DOC confirmed that registered staff did not document that they implemented interventions when a resident had indicated they were in pain and that the conclusion of the resident's pain assessment was incomplete after the assessment duration.

Sources: The home's pain management program procedure, a resident's clinical records, and an interview with the DOC.

WRITTEN NOTIFICATION: Required programs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the home's Pain Management Program when a resident sustained an injury after a co-resident had responsive behaviours towards them. In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that there was a pain management program in place and that the program was complied with. The Pain Management Program Procedure directed the registered staff were to initiate a 72 Hour Pain Screening Tool and Comprehensive Assessment. The IPAC Lead/ RCC confirmed that after the resident sustained an injury this assessment was not completed as per the pain management program.

Sources: CIR, The Pain Management Program, a resident's clinical records, interview with the IPAC Lead/RCC.

WRITTEN NOTIFICATION: Continence Care and Bowel Management

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 56 (1) 3.

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

3. Toileting programs, including protocols for bowel management.

The licensee has failed to ensure that the continence care and bowel management program provided for a toileting program, which included protocols for bowel management of a resident. Review of a resident's E-mar indicated that the home's bowel protocol was not implemented after they were admitted to the home.

Sources: The home's bowel management policies and procedures, a resident's clinical health records, and an interview with an RN.

**WRITTEN NOTIFICATION: Altercations and Other Interactions
between residents**

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 59 (a)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

- (a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between a resident and co-residents by identifying factors based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations. Over a specific time period staff documented and observed on several occasions that a resident had responsive behaviours towards co-residents. The resident's plan of care did not indicate triggers or factors that contributed to the resident their responsive behaviours. The IPAC Lead /RCC confirmed the plan of care did not indicate that the resident had responsive behaviour's towards co-resident.

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Sources: The home's policy Managing Responsive Behaviours, clinical records, interview with IPAC Lead/ RCC.

WRITTEN NOTIFICATION: Behaviours and altercations

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee has failed to ensure that interventions were implemented for a resident who was at risk of altercations with co-residents. The IPAC Lead/RCC confirmed the intervention to monitor a resident was not implemented, as a result a co-resident sustained an injury.

Sources: CIR, a resident's clinical records, interviews with Administrator and IPAC Lead/RCC.

WRITTEN NOTIFICATION: Menu Planning

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (1) (e)

Menu planning

s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(e) includes a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences;

The licensee has failed to ensure that the home's menu cycle included a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet a resident's specific needs or food preferences. A review indicated that a resident refused meals on multiple occasions. Staff confirmed that the

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resident was not offered the choice to choose menu items off of the home's "Always Available Menu," when they refused their meal on the day of the observation.

Sources: Inspector observations, the home's "Always Available Menu", interviews with a resident, and staff.

WRITTEN NOTIFICATION: Police notification

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee has failed to ensure that the police were immediately notified of any alleged, suspected or witnessed incident of abuse. A resident reported to the registered staff a altercation with a a co-resident. The DOC confirmed that the police were not notified.

Sources: CIR, a resident's clinical records, investigation notes, interview with the DOC.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

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The licensee has failed to ensure that every medication incident involving a resident was documented, together with a record of the immediate actions taken to assess and maintain a resident's health. A Physician's order indicated that a resident's medication was discontinued, however registered staff did not process the Physician's order until two days later. Registered staff implemented interventions to monitor the resident's health. Review of a resident's clinical records confirmed there was no documentation of the resident's health monitoring on four shifts during over the monitoring period.

Sources: The home's medication policies/procedures, a resident's clinical health records, and an interview with an RN.

COMPLIANCE ORDER CO #001 Altercations and other interactions between residents

NC #018 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- 1) The Interdisciplinary team will review a resident's plan of care to ensure that written strategies, including techniques and interventions, are in place to prevent, minimize or respond to the resident's responsive behaviours. Keep a documented record of who participated in the review and the date of the review.
- 2) Communicate to all staff on all shifts that interact with the resident on the contents of the revised plan of care, ensuring staff are aware of the responsive behaviours, the identified triggers, interventions, and actions to take in the event of potentially harmful interactions between the resident and co-residents. Keep a documented record indicating how the residents revised care plan was communicated to staff.

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- 3) Develop an auditing tool, to determine if the strategies and interventions from (1) are effective. This tool shall include actions taken if an intervention is noted to be ineffective and what interventions were implemented to the resident's plan of care. The audits should be completed biweekly for a minimum of six weeks.
- 4) The interdisciplinary team will review another resident's plan of care to ensure written strategies, including techniques and interventions, are in place to prevent, minimize or respond to their responsive behaviours. Keep a documented record of who participated in the review and the date of the review.
- 5) Communicate to all staff on all shifts that interact with the resident on the contents of the revised plan of care, ensuring staff are aware of the responsive behaviours, the identified triggers, interventions, and actions to take in the event of potentially harmful interactions between the resident and other co-residents. Keep a documented record indicating how the residents revised care plan was communicated to staff.
- 6) Develop an auditing tool, to determine if the strategies and interventions from (4) are effective. This tool shall include actions taken if an intervention is noted to be ineffective and what interventions were implemented to the resident's plan of care. The audits should be completed biweekly for minimum of six weeks.

Grounds

1) The licensee has failed to ensure that they identified and implement interventions for a resident 's responsive behaviours to minimize the risk of potentially harmful interactions between co-residents. The IPAC Lead/RCC confirmed that interventions were not developed or implemented as recommended by a external resource nor did they develop or implement their own interventions.

After the resident had responsive behaviours towards a co-resident the Behaviour Management binder was not updated to direct staff to review interventions.

The resident was at an increased risk of altercations with co-residents when the interdisciplinary team did not implement interventions to manage the residents responsive behaviours and there was an increased risk of harm to the resident and co-residents when the Behaviour Management binder was not updated.

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Long-Term Care Inspections Branch

Central East District
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Sources: Observation, Policy- Managing Responsive Behaviours, the resident's clinical records, interview with the IPAC/RCC Lead.

2) The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between a resident and co-resident by identifying and implementing interventions. A resident had responsive behaviours towards a co-resident. Days later a second incident occurred. The DOC confirmed that the resident's plan of care with interventions to minimize the risk between the resident and co-resident and other residents was not updated until seven days later.

There was an increased risk of further altercations and potentially harmful interactions between the resident and co-resident and other residents when the interdisciplinary team did not take steps to minimize the risk of altercations and potentially harmful interactions.

Sources: Policy- Managing responsive behaviours, the resident's clinical records, interview with the DOC.

This order must be complied with by November 17, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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