



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

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

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

Division de la responsabilisation et de la performance du système de santé  
 Direction de l'amélioration de la performance et de la conformité

# Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Director:</b>	Karen Simpson
<b>Order Type:</b>	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input checked="" type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
<b>Intake Log # of original inspection (if applicable):</b>	
<b>Original Inspection #:</b>	
<b>Licensee:</b>	Caessant Care Nursing and Retirement Homes Ltd.
<b>LTC Home:</b>	Caessant Care Woodstock
<b>Name of Administrator:</b>	Angel Roth

<b>Background:</b>	<p>Caessant Care Woodstock ("the home") is a long-term care home in Woodstock, Ontario within the South West Local Health Integration Network (LHIN). Caessant Care Nursing and Retirement Homes Ltd. ("the licensee") is licensed for 155 long-stay beds and 8 interim beds in the home. On January 25, 2017, the Director directed the local placement coordinator to cease admissions of new residents to the home ("cease of admissions"). This direction was effective January 26, 2017 and remains in effect.</p> <p>The licensee of Caessant Care Woodstock has failed to comply with requirements under the <i>Long-Term Care Homes Act, 2007</i> (LTCHA) and Ontario Regulation 79/10 ("the Regulation"). Since June 2016, the licensee has repeatedly failed to comply with numerous requirements including, but not limited to: ongoing issues with medication administration; mitigation and management of medication incidents; complying with medication policies; complying with the abuse prevention policy; skin and wound assessments; and immediately investigating the suspicion of abuse or neglect, taking appropriate actions and reporting the results of the investigation to the Director under the LTCHA.</p> <p>Despite receiving multiple and repeat Compliance Orders and the direction of a cease of admissions, the licensee has failed to achieve and sustain compliance with the LTCHA and Regulation demonstrating the</p>
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licensee's lack of understanding of what is required to systematically address non-compliance, as well the licensee's inability to correct and then to sustain compliance.

**Mandatory Management Order**

Subsection 156(1) of the LTCHA states that the Director may order a licensee to retain, at the licensee's expense, one or more persons acceptable to the Director to manage or assist in managing the long-term care home (Mandatory Management Order).

Subsection 156(2) of the LTCHA states that an order may be made under this section if: (a) the licensee has not complied with a requirement under the LTCHA; and (b) there are reasonable grounds to believe that the licensee cannot or will not properly manage the long-term care home or cannot do so without assistance. Requirement under the LTCHA is defined in s. 2 of the LTCHA as a requirement contained in the LTCHA, in the regulations or in an order (amongst other things) made under the LTCHA.

The Director is issuing this Mandatory Management Order as the Director believes, based on the licensee's ongoing failure to comply with requirements in the LTCHA and the Regulation, that the licensee cannot properly manage the long-term care home. This belief is based on the ongoing and persistent non-compliance, as outlined in the Grounds, specifically: the issuance of and re-issuance of multiple Orders due to the licensee's failure to comply with Inspector's Orders since January 2017 which required the licensee to do certain things and prepare, submit and implement plans to achieve compliance with various requirements; the lack of understanding by the licensee of the compliance issues and the steps required to address and correct these serious issues; and the ongoing instability in the home's senior leadership.

**Order:**

To Caressant Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

**Pursuant to:** LTCHA, 2007 S.O. 2007, c. 8 s 156 (1) of the *Long-Term Care Homes Act, 2007*. The Director may order a licensee to retain, at the licensee's expense, one or more persons acceptable to the Director to manage or assist in managing the long-term care home.

**Order:** This Order is made pursuant to subsection 156(1) of the *Long-Term Care Homes Act, 2007* (LTCHA). Pursuant to subsection 156(1) of the LTCHA, Caressant Care Nursing and Retirement Homes Limited ("the licensee") is ordered:

- (a) to retain a person described in paragraph (c) or (d) of this Order to manage Caressant Care Woodstock located at 81 Fyfe Avenue, Woodstock, Ontario ("the long-term care home");

- (b) to submit to the Director, Long-Term Care Inspections Branch (LTCIB) **within 14 calendar days** of being served with this Order a proposed person described in paragraph (a) to this Order;
- (c) the person described in paragraph (a) to this Order must be acceptable to the Director, LTCIB and approved by the Director, LTCIB in writing;
- (d) if the licensee does not submit a proposed person described in paragraph (a) to this Order to the Director, LTCIB within the time period specified in paragraph (b) to this Order, the Director, LTCIB will select the person that the licensee must retain to manage the long-term care home;
- (e) the person described in paragraph (a) to this Order acceptable to the Director, LTCIB will have specific qualifications, including:
- (i) the experience, skills and expertise required to operate and manage a long-term care (LTC) home in Ontario and to maintain compliance with the *Long-Term Care Homes Act, 2007* and O.Reg. 79/10;
  - (ii) have a Good Compliance Record, which for the purpose of this Order means the LTC home for which the person described in paragraph (a) to this Order is a licensee or manager, or to which the person described in paragraph (a) to this Order provides consulting services has a compliance record under the LTCHA that is considered to be Substantially Compliant including:
    - 1. The LTC home responds to compliance issues identified during inspections;
    - 2. Non-compliance in areas of actual harm or high risk of harm to residents and any other persons identified during inspections are rectified within the time frame required by the Ministry;
    - 3. Medication incidents are managed effectively in the LTC home;
    - 4. The medication management program is effective, using evidenced-based practice and quality standards as required;
    - 5. Critical incidents that occur are reported as required and appropriate action is taken in response;
    - 6. Complaints are managed effectively in the LTC home; and
    - 7. The LTC home has policies/procedures developed using evidenced-based practice and quality strategies.
  - (iii) demonstrate that they have not, under the laws of any province, territory, state or country, in the three years prior to this order:
    - 1. been declared bankrupt or made a voluntary assignment in bankruptcy;
    - 2. made a proposal under any legislation relating to bankruptcy or insolvency; or
    - 3. have been subject to or instituted any proceedings, arrangement, or compromise with

creditors including having had a receiver and/or manager appointed to hold his, her, or its assets.

- (f) to submit to the Director, LTC Licensing and Policy Branch (LPB) a written contract pursuant to section 110 of the LTCHA **within 14 calendar days** of receiving approval of the Director, LTCIB pursuant to paragraph (c) of this Order or the selection of a person pursuant to paragraph (d) of this Order;
- (g) to execute the written contract **within 24 hours** of receiving approval of the written contract from the Director, LBP pursuant to section 110 of the *Long-Term Care Homes Act, 2007* and to deliver a copy of that contract once executed to the Director, LBP;
- (h) to submit to the Director, LTCIB a management plan, prepared in collaboration with the person described in paragraph (a) to this Order, to manage the long-term care home and that specifically addresses strategies to achieve compliance with those areas identified as being in non-compliance **within 30 calendar days** of receiving approval of the Director, LTCIB pursuant to paragraph (c) of this Order or the selection of a person pursuant to paragraph (d) of this Order;
- (i) the person approved by the Director, LTCIB pursuant to paragraph (c) to this Order or selected by the Director, LTCIB pursuant to paragraph (d) of this Order, shall begin managing the home in accordance with the written contract described in paragraph (g) to this Order **within 24 hours** of the execution of that written contract;
- (j) the management of the home by the person described in paragraph (a) to this Order is effective until advised otherwise by the Director, LTCIB; and
- (k) any and all costs associated with complying with this Order are to be paid for by the licensee, including for certainty, but not limited to, all costs associated with retaining the person described in paragraph (a) to this Order.

### Grounds:

Caessant Care Nursing and Retirement Homes Limited ("the licensee") is licensed to operate a long-term care home known as Caessant Care Woodstock located at 81 Fyfe Avenue, Woodstock, Ontario ("the home") with 155 long-stay beds and 8 interim beds.

In 2016 and 2017, serious and ongoing non-compliance with requirements under the LTCHA, as described in detail below, was identified and continues to exist at Caessant Care Woodstock. The seriousness of the licensee's failure to comply with requirements under the LTCHA led the Director on January 25, 2017 to direct the local placement coordinator to cease admissions of new residents to the home effective January 26, 2017 ("cease of admissions"), and now to issue a Mandatory Management Order as the Director has reasonable grounds to believe that the licensee cannot properly manage the home.

The licensee's failure to comply with requirements under the LTCHA since June 2016 is affecting the quality of care and quality of life of residents in the home.

As of August 18, 2017, there are 6 outstanding Compliance Orders:

1. O. Reg 79/10 s. 131(2) [medication administration] – Order issued three times with the first issue being on January 25, 2017 with a Director's Referral;
2. O. Reg 79/10 s. 135 [medication incidents] – Order issued twice with the first issue being on January 25, 2017 with a Director's Referral;
3. O. Reg 79/10 s. 8(1)(b) [policies to be followed, specifically medication reconciliation] – Order issued twice with the first issue being on May 24, 2017, with a Director's Referral;
4. O. Reg 79/10 s. 50(2)(b)(i) [skin and wound care assessments] – Order issued twice with the first issue being on January 25, 2017;
5. LTCHA 2007 c.8 s. 20(1) [compliance with policy relating to zero tolerance of abuse] – Order issued once on May 24, 2017; and
6. LTCHA 2007 c.8 s. 23 [immediate investigation of abuse/neglect and reporting results to Director] – Order issued twice with the first issue being on January 25, 2017.

**Management instability**

There have been numerous changes in the home's leadership since September 2016, which has impacted the licensee's ability to properly manage the home and placed the stability of the overall operations of the home at risk including the following roles: Administrator, Director of Nursing, Resident Care Coordinators and Food and Nutrition Manager.

**Cease of Admissions**

On January 25, 2017 the Director directed a cease of admissions effective January 26, 2017, pursuant to subsection 50(1) of the LTCHA to the licensee due to compliance issues identified during inspections commenced in October 2016. The cease of admissions was directed as the Director was of the belief that there was a risk of harm to the health or well-being of residents in the home or persons who might be admitted as residents as a result of the licensee's failure to comply with multiple requirements under the LTCHA and the issuance and re-issuance of Compliance Orders.

The Cease of Admissions, effective January 26, 2017, remains in place. The home currently has 34 empty beds.

**Multiple and repeated non-compliance in 2016 to 2017**

The licensee has continually failed to comply with requirements under the LTCHA and Orders of the Inspector and has been unable to achieve or sustain compliance in the following areas where Compliance Orders have been issued. Other non-compliances, not associated with a corresponding Compliance Order are also detailed in the inspection reports for the inspection numbers outlined below.

**Resident Care and Safety**

- O. Reg 79/10 s. 26(3)(19) – ensure resident's plan of care is based on an interdisciplinary assessment of safety risks. On June 29, 2016 the licensee was served with a Compliance Order with a compliance date of August 4, 2016 (Inspection #2016\_258519\_0007, Order #001). This Order was not complied with and was re-issued to the licensee on January 25, 2017 with a

compliance date of April 28, 2017 (Inspection #2016\_229213\_0038, Order #001). This Order was determined to be complied with in May 2017.

- LTCHA s. 6(8)(10) – ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it; and ensure that residents are re-assessed and plans of care reviewed and revised at least every six months and at any other time as required by the legislation. On January 25, 2017, the licensee was served with a Compliance Order with a compliance date of March 1, 2017 (Inspection #2016\_303563\_0042, Order #004). This Order was determined to be complied with in May 2017.
- O. Reg 79/10 s. 50(2)(b)(i) – ensure residents with skin breakdown, pressure ulcers, skin tears or altered skin integrity receive a skin and wound care assessment using a clinically appropriate assessment tool, and that there is a weekly re-assessment if clinically indicated. On January 25, 2017, the licensee was served with a Compliance Order with a compliance date of March 1, 2017 (Inspection #2016\_303563\_0042, Order #001). This Order was not complied with and was re-issued to the licensee on June 29, 2017 with a compliance date of July 28, 2017 (Inspection #2017\_605213\_0007, Order #001).
- O. Reg 79/10 s. 32 – ensure residents receive individualized personal care, including hygiene care and grooming on a daily basis. On January 25, 2017, the licensee was served with a Compliance Order with a compliance date of March 1, 2017 (Inspection #2016\_303563\_0042, Order #002). This Order was determined to be complied with in May 2017.
- LTCHA, s. 75 – ensure that screening measures were conducted in accordance with the regulations, including criminal reference check conducted, before hiring staff. (Inspection #2016\_229213\_0035)

#### Protecting residents from abuse and neglect

- LTCHA s. 24(1) – immediately report the suspicion of abuse of residents to the Director. On October 20, 2016 the licensee was served with a Compliance Order with a compliance date of October 31, 2016 (Inspection #2016\_326569\_0021, Order #001). This Order was not complied with and was re-issued to the licensee on January 25, 2017, with a compliance date of January 27, 2017 (Inspection #2016\_229213\_0038, Order #001). (And see Inspection #2016\_229213\_0035 for additional findings of non-compliance). This Order was determined to be complied with in May 2017.
- LTCHA s. 23 – immediately investigate abuse or neglect, taking appropriate actions and report results of investigation to the Director. On January 25, 2017, the licensee was served with a Compliance Order with a compliance date of March 1, 2017 (Inspection #2016\_303563\_0042, Order #003) (And see Inspection #2016\_229213\_0035 for additional findings of non-compliance). This Order was not complied with and was re-issued to the licensee on June 29, 2017 with a compliance date of July 28, 2017 (Inspection #2017\_605213\_0007, Order #002).
- LTCHA s. 20(1) – ensure zero tolerance of abuse policy is complied with. On May 24, 2017, a Compliance Order was issued with a compliance date of June 30, 2017 (Inspection #2016\_229213\_0039, Order #001). (And see Inspection #2016\_229213\_0035 for additional findings of non-compliance).

### Medication Administration

- O. Reg 79/10 s. 131(2) – ensure drugs are administered to residents in accordance with the directions of use specified by the prescriber. On January 25, 2017, an immediate Compliance Order was issued with a compliance date of January 27, 2017 (Inspection #2016\_229213\_0035, Order #901). (And see Inspection #2016\_229213\_0035 for additional findings of non-compliance). This Order was not complied with and was re-issued to the licensee on June 29, 2017 with a compliance date of July 28, 2017 (Inspection #2017\_605213\_0008, Order #001). This Order was not complied with and on August 24, 2017, was re-issued for a second time with a compliance date of September 8, 2017 and referred to the Director (Inspection #2017\_605213\_0015, Order #003).
- O. Reg 79/10 s. 135 – ensure every medication incident involving a resident is documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and reported to the resident or their substitute decision-maker, attending physician, Medical Director and the pharmacy service provider. In addition, ensure all medication incidents are documented, reviewed and analyzed; corrective action taken as necessary; and a written record is kept of everything required. On January 25, 2017, an immediate Compliance Order was issued with a compliance date of April 28, 2017 (Inspection #2016\_229213\_0035, Order #902). (And see Inspection #2016\_229213\_0035 for additional findings of non-compliance). This Order was not complied with and on August 24, 2017, was re-issued to the licensee with a compliance date of September 8, 2017 and referred to the Director (Inspection #2017\_605213\_0015, Order #001).
- O. Reg 79/10 s. 8(1)(b) – ensure the licensee's medication reconciliation policy that is required by the Regulation is complied with (Inspection #2016\_229213\_0039, Order #002) and ensure the licensee's drug destruction and disposal policy required by the Regulation is complied with (Inspection #2016\_229213\_0035). On May 24, 2017, a Compliance Order was issued with a compliance date of June 30, 2017. This Order was not complied with and on August 24, 2017, was re-issued to the licensee with a compliance date of September 8, 2017 and referred to the Director (Inspection #2017\_605213\_0015, Order #002).
- O. Reg 79/10, s. 115 and 116 – ensure quarterly and annual evaluations are conducted of the home's medication management system, and changes are made based on the assessment. The licensee was requested to prepare a plan of correction to be implemented voluntarily. (Inspection #2016\_229213\_0035).
- O. Reg. 79/10, s. 126 – ensure that drugs remained in the original labelled container or package provided by the pharmacy provider or the Government of Ontario until administered or destroyed. The licensee was requested to prepare a plan of correction to be implemented voluntarily. (Inspection #2016\_229213\_0035).
- O. Reg 79/10, s. 130 – ensure monthly controlled substance count audits are conducted. The licensee was requested to prepare a plan of correction to be implemented voluntarily. (Inspection #2016\_229213\_0035).

### Reporting to the Director and Documenting Complaints

- O. Reg 79/10, s. 107(3) – ensure the Director is informed of a missing or unaccounted for controlled substance; and a medication incident or adverse drug reaction in respect of which a

resident is taken to hospital. The licensee was requested to prepare a plan of correction to be implemented voluntarily (Inspection #2016\_229213\_0035).

- O. Reg 79/10, s. 101 – ensure that a documented record was kept in the home that included, (a) the nature of each verbal or written complaint; (b) the date the complaint was received; (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; (d) the final resolution, if any; (e) every date on which any response was provided to the complainant and a description of the response; and (f) any response made in turn by the complainant (Inspection #2016\_229213\_0035).

### **Licensee inability to achieve and sustain compliance**

The licensee has demonstrated a continued inability to fully understand the scope and severity of non-compliance and the issues involved, as well as what actions are required and what resources and effort are needed to be in place at the home to comply with Compliance Orders, implement plans and achieve and sustain compliance with requirements in the LTCHA.

When the cease of admissions was directed effective January 26, 2017, the licensee was requested to develop and submit a written plan to the Director by February 1, 2017. The plan was to outline steps the licensee has taken and will take to correct all outstanding non-compliance to address the risk of harm to the health or well-being of residents or persons who might be admitted as residents. The Director also expected that the plan would identify the steps being taken by the licensee to ensure there is experienced and skilled leadership in place at the home to carry out this plan and ensure all outstanding non-compliance is addressed, and that compliance with the LTCHA and the Regulation is sustained.

- On February 1, 2017, the licensee submitted a plan to the Director. The Director was of the view that the plan lacked key elements to achieve compliance.
- On February 3, 2017 the Director requested that the licensee submit a revised plan that would provide a more comprehensive and detailed description of the actions the licensee would take to achieve and sustain compliance.
- On February 8, 2017, the licensee submitted a revised plan. On February 14, 2017, the Director informed the licensee's representative that they expected the plan to be implemented.

Despite the licensee's development and submission of a plan to the Director detailing actions to be taken to achieve compliance, two Compliance Orders related to medication management were re-issued on August 24, 2017. Both of these Orders cover areas identified in the licensee's February 8, 2017 plan (Inspection #2017\_605213\_0015).

Over several dates between March 2017 and August 2017, the licensee's representatives repeatedly claimed that the home was ready for follow-up inspections and that operations were greatly improved. Once inspections were under way, those same representatives demonstrated to Inspectors that they did not understand the content and requirements of the Orders issued and expressed surprise that Inspectors were not finding enough evidence to support a conclusion that compliance was achieved.

On March 19, 2017, a representative of the licensee requested that ministry Inspectors re-inspect after April 6, 2017, as the home was ready for the Follow-up inspection.

On April, 24, 2017, a representative of the licensee inquired with the ministry as to when Inspectors would be returning to complete follow-up inspections because it was the licensee's view that the home had made

great strides in achieving compliance and they were ready for follow-up. In addition the representative reported that staffing changes had taken place, specifically in the Director of Nursing position.

On May 10, 2017, two representatives of the licensee came to the home at different times to inquire about the progress of the inspection and were both surprised when informed by ministry Inspectors that there was not enough evidence to support compliance:

- Examples were provided to the representative of continuing non-compliance, among them: the Orders directing that a tracking tool be developed to ensure the completion of ordered training had not been developed; and that training for all staff had not been completed as ordered (Inspection #2017\_605213\_0008, Order #001, Inspection #2017\_605213\_0007, Order #001).
- A Compliance Order relating to medication administration was re-issued (Inspection #2017\_605213\_0008, Order #001). The plan to achieve compliance with the Immediate Order (Inspection #2016\_229213\_0035, Order #901) had been included in the licensee's February 8, 2017 plan to achieve compliance but the steps required had not been taken in accordance with that plan.

On August 2, 2017, during the July 31 to August 4, 2017 Follow-up inspection, a representative of the licensee came into the home to talk to the Inspectors and to inquire about the progress of the inspection and was very surprised when informed that there was not enough evidence to support compliance:

- An example was provided to the representative that an order had directed that a quality improvement plan was to be developed related to the reduction of medication incidents in the home with contents of the plan specified in the order (Inspection #2017\_605213\_0008, Order #001). The licensee had not created a quality improvement plan including the specified requirements. The representative asked the Inspectors if the home would stand a chance of having the Order complied if a plan was created that same day; the Inspector replied that would not meet compliance because the compliance date had already passed.
- In addition, the tracking tool for training completion that the licensee had been ordered to develop did not include all staff in the home and the training had not been completed for all staff; the requirement to ensure that all staff are trained was previously identified in Order #001 during Inspection # 2017\_605213\_0008, and had not been fully complied with upon re-inspection (Inspection #2017\_605213\_0015, Order #003).
- The Inspector asked the representative what role and involvement the licensee had in achieving compliance with the Orders; the representative said that they did not know.
- Despite these obvious continuing compliance concerns, the representative also asked about when the cease of admissions would be lifted.

On August 14, 2017, the licensee provided the ministry with a letter indicating that as of that date, there was a change in the head office personnel responsible for the home. There was no indication that there would be any other supports provided to support the licensee in achieving and sustaining compliance.

#### Director's Conclusion

There are serious concerns related to the understanding and ability of the current licensee to correct the ongoing and repeated failure to comply with Orders of the Inspector. Despite Orders clearly outlining steps that were required to be taken to correct the non-compliance, the licensee's senior representative was not



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aware of those requirements or of the licensee's progress in meeting them. These Orders were originally issued in January, 2017 and despite repeated re-issuance they are still in non-compliance.

The Director is issuing this Mandatory Management Order because the Director has reasonable grounds to believe that the licensee cannot properly manage the long-term care home, putting resident care at serious risk. This belief is based on the licensee's inability to put in place the required actions to address the ongoing and persistent non-compliance with the requirements under the LTCHA, the issuance of multiple and repeat Compliance Orders, the licensee's failure to comply with Compliance Orders, the licensee's lack of understanding of what actions are required to achieve and sustain compliance, the instability in the management personnel in the home and the Director's direction on January 25, 2017 to the placement coordinator to cease admissions to the home which is still in place given the licensee's inability to correct the non-compliance.

**This Order must be complied with by:**

The dates as outlined and specified in the Order.



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**REVIEW/APEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

and the

**Director**

c/o Appeals Clerk  
Long-Term Care Inspections Branch  
1075 Bay St., 11th Floor, Suite 1100  
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](http://www.hsarb.on.ca).

Issued on this: 1 <sup>st</sup> day of September, 2017	
Signature of Director:	
Name of Director:	Karen Simpson