



**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 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**

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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
Feb 26, 2018	2017_695156_0008	016144-17, 016146-17, 016149-17	Follow up

Licensee/Titulaire de permis

Maplewood Nursing Home Limited
73 Bidwell Street TILLSONBURG ON N4G 3T8

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

Cedarwood Village
500 Queensway West SIMCOE ON N3Y 4R4

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

CAROL POLCZ (156)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 19, 2017.

This inspection was a follow up inspection:

016144-17 Follow-up to CO #001 related to r. 8 (1) b - policy regarding breakfast meal time

016149-17 Follow up to CO #002 related to s. 8 (3) - 24-hour nursing

016146-17 Follow up to CO #003 related to s. 33 (1) - bathing

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Food Services Manager, Dietary Aides, Activation staff, Environmental manager, Registered nursing staff, Personal Support Worker (PSW) staff, and residents.

During the course of the inspection, the inspector observed the provision of care, observed resident dining, reviewed resident clinical records, policies and procedures, and conducted interviews.

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

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

3 WN(s)

0 VPC(s)

3 CO(s)

2 DR(s)

0 WAO(s)



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
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. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers and full body sponge baths and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A review of the bathing records as well as interview with the Administrator on December 19, 2017 confirmed that not all residents were bathed at a minimum of twice a week by a method of their choice.

Record review and interview with the Administrator on December 19, 2017, confirmed that resident #006 did not have their bath made up for the week and missed their bath on one occasion in August 2017 and once in November 2017.

Record review and interview with the Administrator on December 19, 2017, confirmed that resident #007 did not have their bath made up for the week and missed their bath on on three occasions in August, 2017, two occasions in September 2017, three occasions in October 2017 and one occasion in November 2017.

Record review and interview with the Administrator on December 19, 2017, confirmed that resident #008 did not have their bath made up for the week and missed their bath on seven occasions in August 2017, two occasions in September 2017 and five occasions in October 2017.

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 002 – 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. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted by the home was complied with.
In accordance with Ontario Regulation 79/10, s. 68 (2), paragraph (a), the licensee was required to ensure there were policies and procedures developed and implemented relating to nutrition care and dietary services and hydration.

The home's policy "Meal and Nourishment times" DDM-IV-63 last revised July 21, 2011 and current at the time of inspection indicated that the breakfast meal time was 0800 hours for four dining rooms and 0820 hours for a specified dining room.

According to all staff interviewed, the scheduled breakfast time was 0800 hours.

Observation of an identified dining room at 0811 hours, on an identified date in 2017, there were three residents seated at different tables. When asked what time breakfast was to be served, an identified resident stated that it was "supposed to be at 8 o'clock". Another identified resident reported that it is mostly served around 0900 hours. Another identified resident reported breakfast was always late. Another resident was on their way to the dining room and was at the entrance.

One of the residents stated that the staff had to dress the people, (the wait) wagetting worse all the time, and that they often waited 45 minutes and that being late at breakfast was a daily occurrence.

In another dining room, at around 0820 hours, there were eight residents seated at tables. Dietary Aide #103 was present and reported that cream of wheat, scrambled eggs, toast, and cereal were available on the steam cart. When asked what time breakfast was served, it was reported that it varied, that for an identified dining room it



was supposed to be at 0800 hours, but it depended on how many staff were on the floor and they were supposed to be at another identified dining room to serve by 0815 hours. At 0825 hours, eight residents still had not arrived to the dining room according to staff.

There were no observed issues with regards to serving breakfast on time in an identified area. A dining room was observed at 0830 hours, where residents were being assisted by PSW staff #105 and Activation staff #106.

At 0830 hours, in an identified dining room, PSW staff #109 was in attendance with eight residents. In another identified dining room, PSW staff #108 reported that the nine residents in the dining room eating were almost finished; that they were usually on time.

In an identified dining room at 0845 hours, there were five residents in the room. An identified resident stated that they were going to leave but was convinced by the inspector to stay. The resident reported that they had been sitting at the table in the dining room for over 45 minutes. This resident and another identified resident complained that they were thirsty and had not been offered anything to drink. "This is the worst" stated the identified resident.

PSW staff #110 entered the dining room and stated that "breakfast was supposed to start at 0800 hours, there were only three regular staff, and two additional staff on duty but that "yes, it is usually late".

At 0920 hours, the dining room was full with four PSW staff present and Dietary Aide #103 was finished and would come and serve the hot food when the residents were done their cereal. At that time two residents were still present (with staff) and finishing up their beverages in another dining room.

At 0930 hours, Dietary Aide staff #103 began to plate the hot food in one dining room.

The residents were not served breakfast on time according to the home's scheduled protocol. [s. 8. (1) (b)]

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 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 failed to ensure that at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff was on duty and present at all times unless there was an allowable exception to this requirement (see definition/description for list of exceptions as stated in section 45. (1) and 45.1 of the Regulation).

Cedarwood Village is a long term care home with a licensed capacity of 91 beds. The planned staffing pattern for registered nursing staff in the home, for the direct care of residents is, at a minimum of one RN 24 hours a day and additional registered practical nurses and personal support workers to meet the assessed care needs of residents, as identified on the staffing schedules.

The Administrator reported that all RN positions were filled from August 1- December 15, 2017 and the home consistently offered additional shifts to regular RNs to fill these vacant shifts; however, when the RNs employed by the home are unwilling or unable to work one or more of the unfilled shifts the home would fill the required shifts with RNs employed with an employment agency.

A review of the staffing schedules as well as interview with the Administrator on December 19, 2017 confirmed that a Registered Nurse (RN) that was a member of the regular nursing staff was not on duty on 24 shifts since the Compliance date of July 31, 2017.

During the 24 identified shifts the Administrator was able to identify the staffing level on each shift and if an agency RN was utilized, the DOC or Administrator was on call or other actions were taken.



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Additional Required Actions:

***CO # - 003 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 27th day of February, 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

Ministère de la Santé et
des Soins de longue durée

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*

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) : CAROL POLCZ (156)

Inspection No. /

No de l'inspection : 2017_695156_0008

Log No. /

No de registre : 016144-17, 016146-17, 016149-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 26, 2018

Licensee /

Titulaire de permis : Maplewood Nursing Home Limited
73 Bidwell Street, TILLSONBURG, ON, N4G-3T8

LTC Home /

Foyer de SLD : Cedarwood Village
500 Queensway West, SIMCOE, ON, N3Y-4R4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Susan Hastings

To Maplewood Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

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*

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2017_574586_0012, CO #003;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Order / Ordre :

The licensee shall complete the following:

1. Ensure that all residents are bathed at a minimum of twice a week by a method of their choice;
2. Any resident who misses a scheduled bath or shower due to the home being short staffed or any other reason, has the missed bath or shower made up the same week unless refused by the resident; and documented;
3. Develop a routine auditing process to ensure residents are receiving minimum bathing requirements;
4. Ensure the bathing schedule is reviewed and revised to reflect the workload which is anticipated with the current staffing availability.

Grounds / Motifs :



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*

1. The Order is made based upon the application of the factors of severity (2), scope (2) and compliance history (4), in keeping with s.299 (1) of the Regulation, in respect of the minimal harm/risk or potential for harm to the residents, the scope of a pattern throughout the home, and the Licensee's history of a compliance order (CO) on the February 23, 2017, and July 12, 2017 Resident Quality Inspection with the r. 33. (1) related to the bathing of residents.

The licensee failed to ensure that the resident was bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers and full body sponge baths and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A review of the bathing records as well as interview with the Administrator on December 19, 2017 confirmed that not all residents were bathed at a minimum of twice a week by a method of their choice.

Record review and interview with the Administrator on December 19, 2017, confirmed that resident #006 did not have their bath made up for the week and missed their bath on one occasion in August 2017 and once in November 2017.

Record review and interview with the Administrator on December 19, 2017, confirmed that resident #007 did not have their bath made up for the week and missed their bath on on three occasions in August, 2017, two occasions in September 2017, three occasions in October 2017 and one occasion in November 2017.

Record review and interview with the Administrator on December 19, 2017, confirmed that resident #008 did not have their bath made up for the week and missed their bath on seven occasions in August 2017, two occasions in September 2017 and five occasions in October 2017.

(156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 30, 2018

Order # / **Order Type /**
Ordre no : 002 **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2017_574586_0012, CO #001;
existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall review and revise their policy "Meal and Nourishment times, DDM-IV-63 last revised July 21, 2011" in relation to the start time of the breakfast meal service on an identified area. This process shall be completed in consultation with dietary staff, front line nursing staff and residents in the area. The revised policy shall identify the start time of the breakfast meal that is approved by residents and achievable with the staffing plan. The revised policy shall be complied with.

Grounds / Motifs :

1. The Order is made based upon the application of the factors of severity (2), scope (2) and compliance history (4), in keeping with s.299 (1) of the Regulation, in respect of the minimal harm/risk or potential for harm to the residents, the scope of a pattern throughout the home, and the Licensee's history of non-compliance (VPC) on the February 23, 2017, and compliance order (CO) on July 12, 2017 Resident Quality Inspection with the r. 8. (1) (b) related to the compliance of the home's policies.

The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted by the home was complied with.
In accordance with Regulation, s. 68 (2), paragraph (a), the licensee was required to ensure there were policies and procedures developed and

implemented relating to nutrition care and dietary services and hydration.

The home's policy "Meal and Nourishment times" DDM-IV-63 last revised July 21, 2011 and current at the time of inspection indicated that the breakfast meal time was 0800 hours for four dining rooms and 0820 hours for a specified dining room.

According to all staff interviewed, the scheduled breakfast time was 0800 hours.

Observation of an identified dining room at 0811 hours, on an identified date in 2017, there were three residents seated at different tables. When asked what time breakfast was to be served, an identified resident stated that it was "supposed to be at 8 o'clock". Another identified resident reported that it is mostly served around 0900 hours. Another identified resident reported breakfast was always late. Another resident was on their way to the dining room and was at the entrance.

One of the residents stated that the staff had to dress the people, (the wait) wagetting worse all the time, and that they often waited 45 minutes and that being late at breakfast was a daily occurrence.

In another dining room, at around 0820 hours, there were eight residents seated at tables. Dietary Aide #103 was present and reported that cream of wheat, scrambled eggs, toast, and cereal were available on the steam cart. When asked what time breakfast was served, it was reported that it varied, that for an identified dining room it was supposed to be at 0800 hours, but it depended on how many staff were on the floor and they were supposed to be at another identified dining room to serve by 0815 hours. At 0825 hours, eight residents still had not arrived to the dining room according to staff.

There were no observed issues with regards to serving breakfast on time in an identified area. A dining room was observed at 0830 hours, where residents were being assisted by PSW staff #105 and Activation staff #106.

At 0830 hours, in an identified dining room, PSW staff #109 was in attendance with eight residents. In another identified dining room, PSW staff #108 reported that the nine residents in the dining room eating were almost finished; that they were usually on time.

In an identified dining room at 0845 hours, there were five residents in the room. An identified resident stated that they were going to leave but was convinced by



**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*

the inspector to stay. The resident reported that they had been sitting at the table in the dining room for over 45 minutes. This resident and another identified resident complained that they were thirsty and had not been offered anything to drink. "This is the worst" stated the identified resident.

PSW staff #110 entered the dining room and stated that "breakfast was supposed to start at 0800 hours, there were only three regular staff, and two additional staff on duty but that "yes, it is usually late".

At 0920 hours, the dining room was full with four PSW staff present and Dietary Aide #103 was finished and would come and serve the hot food when the residents were done their cereal. At that time two residents were still present (with staff) and finishing up their beverages in another dining room.

At 0930 hours, Dietary Aide staff #103 began to plate the hot food in one dining room.

The residents were not served breakfast on time according to the home's scheduled protocol. (156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 20, 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*

Order # /

Ordre no : 003

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2017_574586_0012, CO #002;

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 shall ensure that a Registered Nurse (RN) who is an employee of the home is scheduled to work in the home and on duty and present at all times unless the home meets the exception outlined in the Regulations, subsection 45 (1) 2.

To achieve this requirement the licensee shall develop written strategies to recruit, hire and retain RNs, who will hold the position of an employee of the licensee and a member of the regular nursing staff, and implement the strategies to an effort to ensure coverage of vacation relief and sick or absent calls for regular RNs.

Grounds / Motifs :

1. The Order is made based upon the application of the factors of severity (2), scope (2) and compliance history (4), in keeping with s.299 (1) of the Regulation, in respect of the minimal harm/risk or potential for harm to the residents, the scope of a pattern throughout the home, and the Licensee's history of a compliance order (CO) on the February 23, 2017, and July 12, 2017 Resident Quality Inspection with the s. 8. (3) related to 24-hour nursing.

The licensee failed to ensure that at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff was on duty and present at all times unless there was an allowable exception to this requirement (see definition/description for list of exceptions as stated in section 45. (1) and 45.1 of the Regulation).

Cedarwood Village is a long term care home with a licensed capacity of 91 beds.

The planned staffing pattern for registered nursing staff in the home, for the direct care of residents is, at a minimum of one RN 24 hours a day and additional registered practical nurses and personal support workers to meet the assessed care needs of residents, as identified on the staffing schedules.

The Administrator reported that all RN positions were filled from August 1-December 15, 2017 and the home consistently offered additional shifts to regular RNs to fill these vacant shifts; however, when the RNs employed by the home are unwilling or unable to work one or more of the unfilled shifts the home would fill the required shifts with RNs employed with an employment agency.

A review of the staffing schedules as well as interview with the Administrator on December 19, 2017 confirmed that a Registered Nurse (RN) that was a member of the regular nursing staff was not on duty on 24 shifts since the Compliance date of July 31, 2017.

During the 24 identified shifts the Administrator was able to identify the staffing level on each shift and if an agency RN was utilized, the DOC or Administrator was on call or other actions were taken. (156)



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Long-Term Care**

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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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

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

Apr 20, 2018



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur

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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

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



**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*

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.



**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*

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



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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 26th day of February, 2018

**Signature of Inspector /
Signature de l'inspecteur :**



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

Name of Inspector /

Nom de l'inspecteur :

CAROL POLCZ

Service Area Office /

Bureau régional de services : Hamilton Service Area Office