

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée****Long-Term Care Homes Division
Long-Term Care Inspections Branch****Division des foyers de soins de
longue durée
Inspection de soins de longue durée**London Service Area Office
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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
Oct 17, 2019	2019_722630_0027	011122-19, 011773- 19, 014946-19, 015071-19, 016424-19	Complaint

Licensee/Titulaire de permisCopper Terrace Limited
284 Central Avenue LONDON ON N6B 2C8**Long-Term Care Home/Foyer de soins de longue durée**Copper Terrace
91 Tecumseh Road CHATHAM ON N7M 1B3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**AMIE GIBBS-WARD (630), CHRISTINA LEGOUFFE (730), JULIE DALESSANDRO
(739), MELANIE NORTHEY (563)**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 26, 27 and 30, October 1, 2, 3, 4, 7, 8 and 9, 2019.

The following Complaint intakes were completed within this inspection:

Log #015071-19 / IL-68928-LO related to meal service and the cleanliness of the dining rooms and serveries;

Log #011773-19 / IL-67522-LO related to medication administration and Registered Nurse (RN) and Registered Practical Nurse (RPN) staffing levels;

Log #011122-19 / IL-67289-LO related to medication administration and RN staffing levels;

Log #014946-19 / IL-68888-LO related to personal support services and housekeeping;

Log #016424-19 / IL-69532-LO related to meal service and continence care.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the APANS Director Special Projects, the APANS Nurse Consultant, the Director of Clinical Services (DOCS), the Associate DOCS Second Floor, the Associate DOCS Third Floor, the Director of Culinary Services, the Director of Environmental Services, the Resident Assessment Instrument (RAI) Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Housekeeper, a Dietary Aide, family members and residents.

The inspectors also observed resident rooms and common areas, observed medication administration, observed meal and snack service, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed the written staffing plan of the home for RNs, RPNs and PSWs, reviewed various meeting minutes and reviewed written records of program evaluations.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dining Observation

Food Quality

Medication

Personal Support Services

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

- 3 WN(s)**
- 2 VPC(s)**
- 1 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment, specifically in the dining rooms and serveries, were kept clean and sanitary.

The Ministry of Long-Term Care (MOLTC) received an anonymous complaint related to the cleanliness of the serveries and dining rooms in the home. The complainant expressed concerns that cleaning was not being done as needed due to the hours for dietary staff having been reduced in the summer of 2019. During a follow-up interview with this complainant they said they still had concerns about the cleanliness of these areas of the home.

During multiple observations, Inspector #630 observed the serveries and dining rooms for all four resident home areas. Based on these observations it was identified that walls in the dining rooms were not clean, there was debris and spills on the dining room and serveries floors, fridges in the serveries had spills and splatter on the door, resident chairs were unclean, microwaves had spills on the inside and/or outside, and serveries cupboards were unclean on the front.

During an interview a Dietary Aide (DA) said there had been changes to their job routines and they were responsible for cleaning the serveries and the dining rooms for both East and North areas on the floor where they worked.

During an interview a Housekeeper said there was recently new routines for the housekeeping staff and this included cleaning the dining room floors after each meal.

This staff member said at times the staff had difficulties having enough time to complete the floors in between the breakfast and lunch meals. They said that they thought the dietary staff were responsible for cleaning the serveries, the dining room tables and the chairs. The staff member said they were not sure who was responsible for cleaning the dining room walls and acknowledged that the dining room where the interview was being conducted had spills and splatter on the wall mounted heater and walls.

During an interview the Director of Culinary Services said the housekeeping and dietary staff had different assigned cleaning duties for the dining room and serveries. They said that the housekeeping staff were expected to sweep the floor and spot mop in-between the meals. The Director of Culinary Services said there was a cleaning list that the dietary aides were to follow and sign off when cleaning jobs had been completed for the serveries and dining rooms. They said that they expected staff to clean up spills and splatters at the time they occurred in addition to the times listed on the cleaning schedules. Inspector #630 and the Director of Culinary Services reviewed pictures taken by Inspector #630 of the dining rooms and serveries observations, and the Director of Culinary Services said that this was a problem and did not meet the expectations related to the cleanliness of the home. During a follow-up interview the Director of Culinary Services provided the dietary staff cleaning schedules and sign off sheets and they said that the documents showed that the staff had not been completing and documenting the cleaning.

The "APANS Assigned Cleaning Checklist" were reviewed and showed multiple days in September and October 2019 when the assigned dietary cleaning duties were not documented as having been completed.

During an interview the Director of Environmental Services (DES) said the housekeeping staff were responsible for spot cleaning the floors in the dining rooms after each meal. The DES said the dietary and housekeeping staff were expected to work as a team to keep the dining rooms clean. The DES said they thought the dining room walls were to be cleaned as part of the deep cleaning of the home on a rotational basis and the dining room chairs would be on an as needed basis. Inspector #630 and the DES reviewed pictures taken by Inspector #630 of the dining rooms and serveries observations, and the DES said this did not meet the expectations related to the cleanliness of the home.

Based on these observations, interviews and record review the licensee has failed to ensure that the home, furnishings and equipment, specifically in the dining rooms and serveries, were kept clean and sanitary. [s. 15. (2) (a)] (630)

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for each resident set out clear directions to staff and others who provided direct care to the resident related to continence care.

A) The Ministry of Long-Term Care (MOLTC) received a complaint in which a family member reported concerns that an identified resident was not being receiving adequate continence care.

During an interview this resident told Inspector #730 that they had concerns with their continence care in the home.

During interviews with staff they identified that this resident was no longer able to receive a specific type of continence care.

During an interview with another staff member they said that the resident's plan of care specified a specific type of care and they were not informed if there had been a change to the plan by staff.

During an interview with an Associate Director of Clinical Services (ADOCS) they said

that if staff felt that the resident was no longer able to receive a certain type of continence care they would have expected that an assessment would have been completed by physiotherapy.

During an interview the Resident Assessment Instrument (RAI) Coordinator said that if there were concerns related to a specific type of continence care then they would expect that a physiotherapy assessment would have been completed. They said that they had completed a “Bladder and Bowel” assessment for this resident on a specific date and when they completed this assessment that staff had not informed them that this resident's continence care needs had changed.

The plan of care for this identified resident was reviewed by Inspector #730 and did not provide clear direction for staff regarding this resident's continence care.

B) Staff reported during an interview with Inspector #630 that another identified resident recently had a change in their continence care.

The clinical record for this resident included progress notes and assessments which documented the resident's changes in continence care needs.

During an interview with a staff member they told Inspector #730 that they would look either at the list of continence products on the product cart or at the sheet on the inside of a resident's wardrobe to see if and what continence product a resident used. They also said that this resident required a specific type of care.

Inspector #730 observed this resident's room and noted the “Resident Needs/Preferences” sheet was not consistent with the reported and documented care needs of the resident.

During an interview with another staff member they said that the continence product at the Three North nursing station and the “Resident Needs/Preferences” sheet for this resident were not updated to the resident's current needs.

During an interview with an Associate Director of Clinical Services (ADOCS) they said that they were the lead in the home for the continence program. The ADOCS said that the “Resident Needs/Preferences” sheet in this resident's wardrobe was not updated and they expected that it would have been updated as the resident's needs changed.

The license has failed to ensure that the written plan of care for this resident set out clear directions to staff and others who provide direct care to the resident relating to continence care. [s. 6. (1) (c)] (730)

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #3: 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 has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with.

In accordance with O. Reg. 79/10, s. 68 (2)(a) the licensee was required to ensure that the Nutrition and Hydration Program included the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Specifically, the licensee has failed to ensure the policies and procedures for the dietary

services related to meal times in the home were complied with.

The home's policy titled "Meal and Snack Times" with effective date August 2017, stated "meal and snack times will be posted in the building." The "Resident Meal Times" posted in the home, stated: "North Wings Breakfast 0900 a.m.; Lunch 12:30 p.m.; Supper 5:30 p.m."

During interviews with an identified resident they told Inspector #630 that they had concerns that the meals did not start on time and they ended up waiting a long time. They said that it was not pleasant sitting and waiting and sometimes they were not served their breakfast until 1000 hours.

During an interview with a Dietary Aide (DA) they said the supper meal on the North side of the home was supposed to be at 1730 hours, but most days they were unable to get to that side on time after serving the East side of the home. The DA said that most days they were five or 10 minutes late getting to the servery and then had to take food temperatures before starting to serve the meals.

During an interview the Director of Clinical Services (DOCS) said they were aware of concerns in September or October with the timing of meal service. The DOCS said that the main concern had been with the delay in the start of the breakfast meal.

During an interview a staff member said the breakfast meals were supposed to start at 0900 hours on the North side and often the meals were not served until 0930 hours. They said sometimes the staff were having difficulties getting the residents to the dining by 0900 hours and other times the dietary aides were not available to start serving the meals at 0900 hours.

During an interview another identified resident told Inspector #730 that they had concerns about the meal times in the home. This resident said that often the meals were late and at times they were sitting for 45 minutes at their table waiting to be served their first course and they felt that was unacceptable.

During an interview the Director of Culinary Services said the mealtimes in the home for the North side were 0830 hours for breakfast, 1230 hours for lunch and 1730 hours for supper. The Director of Culinary Services said the dietary aides had expressed concerns that the PSWs were late getting residents into the dining rooms. The Director of Culinary Services said the home did audits in July and August and these had not continued in

September. They showed Inspector #630 a document titled "Evaluation of Meal Start Times" which stated "by not starting on time this will affect the food quality of the meals for residents." This evaluation showed there were meals that had not started on time in July and August. The Director of Culinary Services said the home had a policy related to mealtimes and the mealtimes were posted in the home and it was the expectation in the home that meals would be served in accordance with this policy. [s. 8. (1) (b)] (630)

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure is complied with, to be implemented voluntarily.

Issued on this 18th day of October, 2019

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : AMIE GIBBS-WARD (630), CHRISTINA LEGOUFFE
(730), JULIE DALESSANDRO (739), MELANIE
NORTHEY (563)

Inspection No. /

No de l'inspection : 2019_722630_0027

Log No. /

No de registre : 011122-19, 011773-19, 014946-19, 015071-19, 016424-
19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Oct 17, 2019

Licensee /

Titulaire de permis : Copper Terrace Limited
284 Central Avenue, LONDON, ON, N6B-2C8

LTC Home /

Foyer de SLD : Copper Terrace
91 Tecumseh Road, CHATHAM, ON, N7M-1B3

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :**

Donna Mcleod

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
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)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee must be compliant with s. 15 (2) of the LTCHA.

Specifically the licensee must ensure:

- a) The walls, wall mounted heaters, chairs, tables, and stools in the dining rooms are kept clean and sanitary.
- b) The walls, floors, beverage/food carts, steam-wells, fridges, microwaves, and cupboards, in the serveries are kept clean and sanitary.
- c) The housekeeping and dietary staff cleaning schedules are reviewed, revised and implemented to ensure all aspects of the dining rooms and serveries are included in the cleaning schedules on a regular basis. A written record of this review and the revisions made must be kept in the home.
- d) An auditing process is developed, implemented and documented in the home to ensure the serveries and dining rooms are kept clean and sanitary. A written record must be kept in the home of the audits including who completed each audit, when each audit was completed, the results of the audits and the corrective actions taken.

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment,

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

specifically in the dining rooms and serveries, were kept clean and sanitary.

The Ministry of Long-Term Care (MOLTC) received an anonymous complaint related to the cleanliness of the serveries and dining rooms in the home. The complainant expressed concerns that cleaning was not being done as needed due to the hours for dietary staff having been reduced in the summer of 2019. During a follow-up interview with this complainant they said they still had concerns about the cleanliness of these areas of the home.

During multiple observations, Inspector #630 observed the serveries and dining rooms for all four resident home areas. Based on these observations it was identified that walls in the dining rooms were not clean, there was debris and spills on the dining room and servery floors, fridges in the serveries had spills and splatter on the door, resident chairs were unclean, microwaves had spills on the inside and/or outside, and servery cupboards were unclean on the front.

During an interview a Dietary Aide (DA) said there had been changes to their job routines and they were responsible for cleaning the serveries and the dining rooms for both East and North areas on the floor where they worked.

During an interview a Housekeeper said there was recently new routines for the housekeeping staff and this included cleaning the dining room floors after each meal. This staff member said at times the staff had difficulties having enough time to complete the floors in between the breakfast and lunch meals. They said that they thought the dietary staff were responsible for cleaning the serveries, the dining room tables and the chairs. The staff member said they were not sure who was responsible for cleaning the dining room walls and acknowledged that the dining room where the interview was being conducted had spills and splatter on the wall mounted heater and walls.

During an interview the Director of Culinary Services said the housekeeping and dietary staff had different assigned cleaning duties for the dining room and serveries. They said that the housekeeping staff were expected to sweep the floor and spot mop in-between the meals. The Director of Culinary Services said there was a cleaning list that the dietary aides were to follow and sign off when cleaning jobs had been completed for the serveries and dining rooms. They

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

said that they expected staff to clean up spills and splatters at the time they occurred in addition to the times listed on the cleaning schedules. Inspector #630 and the Director of Culinary Services reviewed pictures taken by Inspector #630 of the dining rooms and serveries observations, and the Director of Culinary Services said that this was a problem and did not meet the expectations related to the cleanliness of the home. During a follow-up interview the Director of Culinary Services provided the dietary staff cleaning schedules and sign off sheets and they said that the documents showed that the staff had not been completing and documenting the cleaning.

The "APANS Assigned Cleaning Checklist" were reviewed and showed multiple days in September and October 2019 when the assigned dietary cleaning duties were not documented as having been completed.

During an interview the Director of Environmental Services (DES) said the housekeeping staff were responsible for spot cleaning the floors in the dining rooms after each meal. The DES said the dietary and housekeeping staff were expected to work as a team to keep the dining rooms clean. The DES said they thought the dining room walls were to be cleaned as part of the deep cleaning of the home on a rotational basis and the dining room chairs would be on an as needed basis. Inspector #630 and the DES reviewed pictures taken by Inspector #630 of the dining rooms and serveries observations, and the DES said this did not meet the expectations related to the cleanliness of the home.

Based on these observations, interviews and record review the licensee has failed to ensure that the home, furnishings and equipment, specifically in the dining rooms and serveries, were kept clean and sanitary. [s. 15. (2) (a)]

The severity of this issue was determined to be level two as there was potential for risk. The scope of this issue was level three as it was widespread with four of four dining rooms/serveries. The home had a level two history with no previous non-compliance with this sub-section of the LTCHA. (630)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2019

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

**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

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

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

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

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

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

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

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

Issued on this 17th day of October, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Amie Gibbs-Ward

Service Area Office /

Bureau régional de services : London Service Area Office