Ontario

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

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: January 3, 2025

Inspection Number: 2024-1034-0006

Inspection Type:
Complaint
Critical Incident

Licensee: Copper Terrace Limited

Long Term Care Home and City: Copper Terrace, Chatham

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 22, 25, 26, 2024 and December 2, 3, 4, 2024
The inspection occurred offsite on the following date(s): November 22, 2024, and December 5, 6, 9, 2024
The following intake(s) were inspected:

- Intake: #00131093 - IL-0133185-LO - Complainant with concerns regarding allegations of abuse between residents.
- Intake: #00131115 - IL-0133206-LO - Complainant with concerns regarding allegations of abuse to resident by coresident
- Intake: #00131849 - 1115-000023-24 - Enteric Outbreak
- Intake: #00132527 - IL-0133790-LO – Allegations of abuse to resident by coresident

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

Whistle-blowing Protection and Retaliation
Infection Prevention and Control
Prevention of Abuse and Neglect

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Responsive Behaviours
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
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,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for the residents set out clear directions to staff and others who provide direct care to the residents.

Rationale and Summary:
A complaint was received by the Director regarding allegations of resident-to-resident abuse. During inspection it was identified that the care plans for the residents and point of care tasks for the resident did not provide staff with clear direction regarding the monitoring of the residents. Furthermore, interviews with the registered staff identified the residents were to be monitored for their safety. The written plans of care for the residents did not provide clear direction to staff regarding their monitoring needs, placing the residents at risk.

Sources: interviews with registered staff, record review of progress notes, care plans and point of care tasks.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure the provision of the care set out in the plan of care for resident was documented and implemented related to a safety intervention put into place.

Rationale and Summary

Registered staff reported they received direction to initiate safety checks on the resident.

The resident's care plan in Point Click Care (PCC) was updated to include an additional intervention to the above care plan focus related to their behavior that included safety checks.

The investigation notes provided by management reported safety checks on resident were initiated.

Point of Care (POC) tasks were reviewed with management during interview who confirmed there were to be safety checks implemented and documented in the resident's POC tasks, however there were none found.

Failure to ensure the provision of care set out in the residents' plan of care was documented placed the resident and others well-being at risk.

Sources: Investigation notes and summary document, resident's care plan in PCC, POC tasks, and staff interviews.

WRITTEN NOTIFICATION: Zero Tolerance for Abuse and Neglect of Residents

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

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

Policy to promote zero tolerance

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

The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents was complied with.

Rationale and Summary:

A complaint was received by the Director regarding allegations of resident-to-resident abuse.

In an interview with staff, they recounted that they reported a suspicion of resident-to-resident abuse to management on multiple occasions involving the same residents, however, were advised that there were no incidents of abuse between the two residents.

Record review of the homes abuse policy and the "Nursing checklist for reporting/investigating alleged abuse of resident family, or staff or visitor or volunteer" submitted to inspector by the management team identified the home did

not have original copies from the incidents, and that management were expected to notify the police and Ministry of Long-Term Care (MLTC) of the incidents, which was confirmed in interview with the management staff.

Failure to protect the residents from alleged abuse placed residents at risk.

Sources: Interviews with staff, record review of abuse policy and the "Nursing checklist for reporting/investigating alleged abuse of resident family or staff or visitor or volunteer dated".

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that residents were monitored on every shift for symptoms indicating the presence of infection.

Rationale and Summary:
A Critical Incident System report (CIS) was received by the Director regarding outbreak. During an inspection, infection prevention and control (IPAC) practices were observed in the home with no concerns identified. However, during a record review of progress notes for residents it was noted that there was no progress notes identified that the resident was monitored for symptoms indicating the presence of infection. In an interview staff verified that the residents were not monitored on

every shift for symptoms indicating the presence of infection.

When the residents were in isolation for an infectious agent and were not monitored on every shift for symptoms indicating the presence of infection, the residents were placed at risk for delayed treatment or interventions.

Sources: Observations of home area; interview with staff; and record review of progress notes and Point Click Care weights and vitals tab.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 1.
Reports re critical incidents
s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.

The licensee has failed to report a critical incident of elopement that occurred as resident was found outside the nursing home.

Rationale and Summary
Specifically, the resident eloped from the home for an unknown length of time as resident was found outside by another resident's family who alerted the staff of the resident's whereabouts. The resident's progress notes in Point Click Care (PCC) reported the above information related to the elopement. The resident's care plan in PCC had been updated to include an intervention of safety checks related to elopement.

There was a moderate risk to resident as this incident of elopement was not reported to the Director.

Sources: Resident care plan and progress notes.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (4) (b)
Reports re critical incidents
s. 115 (4) Where an incident occurs that causes an injury to a resident for which the resident is taken to a hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant change in the resident's health condition, the licensee shall,
(b) where the licensee determines that the injury has resulted in a significant change in the resident's health condition or remains unable to determine whether the injury has resulted in a significant change in the resident's health condition, inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (5). O. Reg. 246/22, s. 115 (4).

The licensee has failed to report residents multiple fall incidents that resulted in significant injuries and transfer to hospital.

Rationale and Summary
Specifically, record review of the resident's progress notes in Point Click Care (PCC) had documented resident had a fall on each of those dates that resulted in significant injuries and transfer to hospital at the time of each incident.

There was a moderate risk to resident as neither of the falls were reported to the

Director as each incident resulted in significant injuries and transfer to hospital.

Sources: Resident's PCC progress notes.

COMPLIANCE ORDER CO #001 Duty to protect

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The Licensee has failed to comply with FLTCA, 2021, s. 24(1)

The licensee shall:

1. Provide education to all senior leadership and management working in the home on the following legislation:
    a) Ontario Regulations 246/22, s.2 related to "Abuse" - definition.
    b) Ontario Regulations 246/22, s.7 related to "Neglect" - definition.
    c) Fixing Long-Term Care Act (FLTCA), 2021, s.3 (1) 4 and 5 related to resident's "Rights to freedom from abuse and neglect."
    d) Fixing Long-Term Care Act (FLTCA), 2021, s.24 (1) related to "Duty to Protect."

e) The Executive Director (ED), Director of Care (DOC), Assistant Director of Care's (ADOC's) and all on call managers will review the residents plan of care including interventions in place regarding their responsive behaviors. Each staff listed must print their name, titles, along with the date, time, and their signature. This list must be provided to inspector when requested.

2. Document and maintain a record of the education session of the legislation outlined in part 1. including the date and time the review occurred, the names, title, and signature of who participated in the review, and the name of the person who conducted the review. This record must be readily available for Inspector review.

3. Provide review of and education to all Full-time, Part-Time, Casual regulated and unregulated staff that includes agency staff that work on the unit supporting residents on the definition of what constitutes as abuse and neglect, and of home's policy and procedures on prevention of abuse and neglect of residents.

4. Document and maintain a record of the education provided including the date and time the education occurred, the names, title, and signature of who participated in the review, and the name of the person who conducted the review. This record must be readily available for Inspector review.

5. Management will conduct weekly audits to ensure that the home's zero tolerance of abuse and neglect policy is followed for all incidents of alleged, suspected or witnessed abuse. The audits must include a date, and a record of the incident. The audit should indicate any deficiencies, and document any follow up actions completed, the name and designation of the person conducting the audit. The audit will be completed until this order is complied with.

6. The licensee will create a process and/or policy that includes steps on how and what the front-line staff are required to take when they identify or suspect abuse. This process/policy will also include direction for management on how to respond to the staff in the moment of alleged or suspected abuse to ensure each resident is protected from abuse in the home. All staff in the home will receive education and training on the process/policy as listed above. All staff who received this education/training will provide the date, time, and a printed name with their title and position along with their signatures. This list of staff names will include who provided the education/training and be available to the inspector.
7. The licensee, management, and the homes Social Worker (SW) will create a process for staff to identify resident consent on residents with new or existing responsive behaviors and the steps necessary in the moment to be taken. Staff will need to be educated on this process that will need to be implemented and in place prior to the follow up inspection. All staff who received this education/training will provide the date, time, and a printed name with their title and position along with their signatures. This list of staff names will include who provided the education/training and be available to the inspector.

Grounds

The licensee has failed to protect a resident from abuse by coresident.

Rationale and Summary

The Ministry of Long-Term Care received multiple complaints regarding allegations of abuse among residents in the home. A resident's care plan had a focus for intervention related to their inappropriate behavior.

Registered staff confirmed being advised by management, that the police did not need to be contacted. Registered staff reported they had noticed the resident to be exhibiting resistance when care was being provided to them which were not usual responses for resident.

A registered staff witnessed the residents' actions and motioned to one of the residents who was the recipient of the abuse to come with them at which time the resident did leave the area without any resistance observed.

Record review of the resident's progress notes and risk management in PCC reported resident had been abused by coresident.

Management in the home acknowledged during interview that they were aware of the resident's relationship.

Interviews with the staff confirmed that the resident had always accepted and was agreeable to receiving personal care however had since been more resistive which had not been exhibited before.

There was a high-level risk and impact to the resident who was abused by coresident.

Sources: Staff interviews, record review of both resident's progress notes, care plans, risk management in PCC. Video footage, resident assessments, and the homes Abuse or Suspected Abuse/Neglect of a Resident policy #005010.00

This order must be complied with by February 6, 2025

COMPLIANCE ORDER CO #002 Licensee must investigate, respond and act

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 27

Licensee must investigate, respond and act s. 27.

(1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone,

(ii) neglect of a resident by the licensee or staff, or

(iii) anything else provided for in the regulations;

(b) appropriate action is taken in response to every such incident; and

(c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with.

(2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

(3) A licensee who reports under subsection (2) shall do so as is provided for in the regulations and include all material that is provided for in the regulations.

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

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]: The licensee shall be compliant with FLTCA, 2021, s. 27.

Specifically, the licensee must:

1. The licensee will submit critical incidents (CI's) with the home's investigation outcomes and actions taken by the management team as per the Fixing Long-Term Care Act 2021, and or Ontario Regulation 246/22.

a) alleged abuse involving resident by a co-resident.

b) allegations of abuse to resident by another resident.

c) elopement of the resident.

d) falls of resident.

2. Maintain documentation of all the investigations, including when the investigation was completed, interviews, findings, and any corrective actions taken.

3.Complete an audit of all alleged resident to resident abuse incidents involving the affected resident. The audits are to be completed for a minimum of one month, or until all staff are compliant with the process.

4. Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

5. Conduct training on the home's Abuse and Neglect Program including the reporting of abuse for all management, registered staff and unregulated staff working on the unit where the residents are located.

6. The home will provide the inspector when requested documentation of the investigations, training, and audits that include the names of the staff, their designation, date training was provided, and who provided the training with their role and signature along with any corrective actions taken.

Grounds

The licensee has failed to investigate, respond, and act to every alleged, suspected or witnessed incident of abuse of resident.

Rationale and Summary

Specifically, during record review of the "Nursing checklist for reporting/investigating alleged abuse of resident by family or staff or visitor or volunteer" documents which were both handwritten and filled out in ink, and the majority of the document had "N/A" throughout several sections. No signatures, times or dates were found on the checklist or the attached typed summary. There were no other documents, or assessments that had been completed by the management team or provided to inspectors during the inspection regarding residents.

During interview with a senior manager who confirmed a different senior manager responded to each of the incidents, however, that senior manager had no additional documents related to either investigation of each incident.

During interviews with management both confirmed each of the "Nursing checklist for reporting/investigating alleged abuse of resident by family or staff or visitor or volunteer" documents had been filled out by the same manager who did not respond to the incidents. The senior management staff confirmed that any original documentation from each incident had been discarded as they were "scribbled on messy pieces of paper".

Progress notes in Point Click Care (PCC) reported staff had witnessed a resident being abused by a coresident. The home could not demonstrate or produce any investigation notes or actions after the incidents occurred.

There was a high risk to resident as each alleged or suspected abuse occurrence by coresident had not been investigated, responded to or acted upon that might have prevented further risk to residents.

Sources: Staff interviews, record review of both nursing checklists, progress notes, and video footage.

This order must be complied with by February 6, 2025

COMPLIANCE ORDER CO #003 Reporting certain matters to Director

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

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

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

The Licensee has failed to comply with FLTCA, 2021, s. 28 (1) 2

The license shall:

1.) Provide education to all management, registered nursing staff, personal support workers including agency staff on:

- The definition of abuse and what interactions are required to be reported in accordance with Ontario Regulation 246/22.
- The duty to report under section 28 (1) of the fixing Long-Term Care Act, 2021.
- How to report when management are not in the building.

2.) Keep documented records of the education provided, including the education content, the name of the educator, the names of the attendees, dates of the training,

including attendees' signatures and any corrective action taken and by whom. These documents will be available upon inspector's request.

Grounds

The licensee failed to immediately report multiple incidents of alleged abuse between residents. Specifically, the Ministry of Long-Term Care (MLTC) became aware of allegations regarding abuse between residents after receiving multiple complaints.

A senior management staff member provided inspectors with their investigation file which had "Nursing checklist for reporting/investigating alleged abuse of resident by family or staff or visitor or volunteer" document that had been handwritten in ink throughout and a handwritten date which was different than the printed-on date seen on the bottom of the document. Attached was a typed document with no author name, signature, or date.

Interview with registered staff confirmed being advised by a member of the senior management team that the police did not need to be contacted.

During an interview with senior management who confirmed the homes stance on the allegations of abuse between resident's were based on previous assessments completed on each resident prior to the incidents.

Failure to report each incident of abuse immediately to the Director put residents at risk for further occurrences of abuse by coresidents.

Sources: interviews with staff, record review of progress notes, anonyms complaints reported to MLTC, camera footage, risk management and investigation notes from incidents.

This order must be complied with by February 6, 2025

COMPLIANCE ORDER CO #004 Police notification

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Police notification

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

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

The licensee must do the following:

A) Notify the Chatham-Kent Police Service about the suspicion of abuse reported by staff.

B) Maintain a record of the date of notification, the badge number of the officer and the outcome of the police report.

C) Provide an update on the outcome from the police investigation.

Grounds

The licensee has failed to ensure that the police were notified when suspicions of resident-to-resident abuse were reported.

Rationale and Summary:

A complaint was received by the Director regarding allegations of resident-to-resident abuse. During an inspection, a record review was completed, and it was identified that policy 005010.00 Abuse or Suspected Abuse/Neglect of a Resident stated, "The Executive Director or designate (Manager on Call) will: Immediately upon notification contact the police immediately of any alleged, suspected or witnessed incident of abuse or neglect of a resident that may constitute a criminal offence". The inspector also noted that the home did not submit a critical incident report to the Director and the home did not produce an investigation file when requested.

In an interview with staff, they recounted that they reported a suspicion of resident-to-resident abuse to the on-call manager. Staff stated they were directed to refrain from reporting to police each incident that had occurred.

Senior management confirmed in an interview that the home does not have originals from investigations, and they recounted that the staff were advised during each incident that the events were not abuse and that the police did not need to be notified of the incidents.

When the home did not notify the police about suspicions of multiple resident-to-resident abuse incidents that placed residents at risk of harm.

Sources: Interviews with staff, and record review of Policy 005010.00 Abuse or Suspected Abuse/Neglect of a Resident reviewed 01/02/2024.

This order must be complied with by February 6, 2025

COMPLIANCE ORDER CO #005 Evaluation

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 106 (a)
Evaluation
s. 106. Every licensee of a long-term care home shall ensure,
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;

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

A) Conduct an analysis of the suspicions of resident-to-resident abuse report to the

on-call manager that occurred.
B) Document the analysis on the home's Investigation Form.
C) Ensure these incidents are included in the quarterly trend that includes all cases of abuse.
D) Maintain a record of the completion of A), B) and C).

Grounds

The licensee has failed to ensure that the home conducted an analysis of the incidents of abuse of a resident at the home promptly after the licensee become aware of the incidents.

Rationale and Summary:
A complaint was received by the Director regarding allegations of resident-to-resident abuse. During an inspection a record review was completed, and it was identified that on several occasions staff documented their suspicions of resident-to-resident abuse.

Upon review of the home's policy 005010.00 Abuse or Suspected Abuse/Neglect of a Resident dated 01-01-2024, it was noted "All incidents will be analyzed. Analysis will be documented on the Investigation Form. Review of Mandatory/CIS reports will be done at Management meetings. The inspector was unable to confirm whether analysis had taken place because the home did not produce when requested.

Additionally, in an interview with senior management they confirmed that Investigations began immediately via telephone conversations with staff who had reported the incidents. and that the home completed checklists after the fact because the original investigation notes were “messy” and had been discarded, as the home had not considered the suspicions of abuse reported to them by staff to be founded.

When the home did not conduct an analysis of the multiple incidents this placed the residents at risk for impaired safety and the potential for decreased health status. Furthermore, the home was prevented from identifying trends, impacting their ability to fully evaluate and plan any changes to policy, procedure, or practice.

Sources: Interviews with staff and record review of Policy 005010.00 Abuse or Suspected Abuse/Neglect of a Resident reviewed 01/02/2024

This order must be complied with by February 6, 2025

REVIEW/APPEAL INFORMATION

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

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

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

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

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

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

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

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

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

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