

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: July 23, 2025

Inspection Number: 2025-1004-0007

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Omni Quality Living (Country Terrace) Limited Partnership by its general partner, Omni Quality Living (Country Terrace) GP Ltd.

Long Term Care Home and City: Country Terrace, Komoka

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 8, 9, 10, 11, 14, 15, & 18, 2025 and offsite on July 16, & 17, 2025.

The following intake(s) were inspected:

- Intake #00146536 -Follow-up #1 – FLTCA, 2021 – s. 25 (1) Policy to Promote Zero Tolerance
- Intake #00146535 - Follow-up #1 - FLTCA, 2021 - s. 27 (1) (a) (i) Licensee must investigation, respond and act
- Intake #00146534 - Follow-up #1 - FLTCA, 2021 - s. 28 (1) 2. Reporting Certain Matters to Director
- Intake #00146537 - Follow-up #1 - O. Reg. 246/22 - s. 102 (2) (b) Infection, Prevention and Control Program
- Intake #00146538 – Follow-up #2 - FLTCA, 2021 - s. 6 (7) Plan of Care
- Intake #00149700 - Follow-up #1 - FLTCA, 2021 - s. 90 (1) (a) Emergency Plans
- Intake #00149701 - Follow-up #1 - O. Reg. 246/22 - s. 268 (8) Emergency Plans

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- Intake #00146215 / CI #0907-000017-25 related to medication administration
- Intake #00147181 / CI #0907-000019-25 & Intake #00149477 / CI #0907-000022-25 related to fall prevention and management
- Intake #00149040 - Complaint related to resident care and services

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #003 from Inspection #2025-1004-0002 related to FLTCA, 2021, s. 28 (1) 2.

Order #001 from Inspection #2025-1004-0002 related to FLTCA, 2021, s. 25 (1)

Order #004 from Inspection #2025-1004-0002 related to O. Reg. 246/22, s. 102 (2) (b)

Order #002 from Inspection #2025-1004-0001 related to FLTCA, 2021, s. 6 (7)

Order #002 from Inspection #2025-1004-0005 related to FLTCA, 2021, s. 90 (1) (a)

Order #003 from Inspection #2025-1004-0005 related to O. Reg. 246/22, s. 268 (8)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2025-1004-0002 related to FLTCA, 2021, s. 27 (1) (a) (i)

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

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

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Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

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) (a)

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,
(a) the planned care for the resident;

A) The licensee failed to ensure that there was a written plan of care for a resident related to meal service.

The Clinical Care Coordinator (CCC) stated that the plan of care did not include specific interventions related to meal service and it should have.

Sources: Review of resident's clinical records; observations and interviews with the CCC and staff.

B) The licensee failed to ensure that there was a written plan of care for a resident related to monitoring of the resident.

The CCC stated that the plan of care should have included specific interventions related to monitoring the resident and it did not.

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It was observed that this resident was not monitored as the home expected.

Sources: Review of resident's clinical records; observations and interview with the CCC.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

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

Plan of care

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

The licensee failed to ensure that care was provided to a resident as specified in the plan of care.

It was observed that specific interventions in the plan of care were not implemented by staff.

Sources: Review of resident's clinical records; observations and interviews with the CCC.

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

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s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to meet all requirements of Compliance Order (CO) #002 from inspection #2025-1004-0002 issued on May 2, 2025, with a compliance due date of May 30, 2025, to FLTCA, 2021, s. 27 (1) (a) (i) - Licensee must investigate, respond and act.

The following components of the order were not complied:

A) Acting together as a team, including a representative from OMNI Quality Living, the Director of Care and Executive Director (and any additional persons, as applicable) must immediately investigate the allegations of sexual abuse as per the home's investigation procedures policy. The investigation must be documented and maintained in the home until this compliance order is complied by an inspector.

B) Acting together as a team, including a representative from OMNI Quality Living, the Director of Care and Executive Director (and any additional persons, as applicable) must immediately investigate the allegations of verbal abuse as per the home's investigation procedures policy. The investigation must be documented and maintained in the home until this compliance order is complied by an inspector.

The licensee has failed to ensure that all components of the home's Investigation Procedures Policy were followed during the home's investigation into the allegations of staff to resident abuse. Specifically, the home did not maintain or document the completion of the following investigation procedures:

3.VIII Evaluate information and evidence collected to determine if concerns or complaints can be substantiated.

3.IX Prepare a report/response summarizing the findings of the investigation. If the investigation was conducted as a result of a complaint, the complainant shall receive a letter that explains the outcome of the investigation and what action(s) have been

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taken to resolve the complaint. The report/ response shall be based on facts only, not opinion.

5. The Executive Director or designate shall ensure all matters reported to the Ministry of Long Term Care as a Critical Incident, a written complaint or otherwise are amended and concluded as required.

Sources: Interviews with management; the home's Investigation Procedures Policy; and the homes investigation documentation.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

In the past 36 months, a CO under FLTCA, 2021, s. 27 (1) (a) (i) was issued on May 2, 2025.

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This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Administration of medication

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

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that a registered staff member administered a drug as prescribed.

The resident's medication administration record demonstrated that the resident had an order for a drug with specific instructions for administration of the drug. The registered staff confirmed that the drug had not been given at the prescribed time it was ordered.

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Sources: Record review of resident's electronic health record; interview with staff.

WRITTEN NOTIFICATION: Administration of Medication

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

Non-compliance with: O. Reg. 246/22, s. 140 (6)

Administration of drugs

s. 140 (6) The licensee shall ensure that no resident administers a drug to themselves unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 246/22, s. 140 (6).

The licensee has failed to ensure that a resident did not administer a drug to themselves unless the administration had been approved by the prescriber.

The resident's plan of care in Point Click Care (PCC) indicated that they may have medications at bedside for self-administration.

The resident did not have a Self-Administration Resident Assessment form or physician's orders for self-administration of medication in their clinical records as required per the home's policy.

The resident confirmed that the staff of the home had provided medications to them to self-administer. During the inspection, medications were observed in the resident's personal space, with no staff present.

Sources: Resident's clinical records, resident interview and observations, interview with the Director of Care (DOC), and review of the home's policies and procedures.

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COMPLIANCE ORDER CO #001 Medication management system

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

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

The licensee must:

A) Ensure education is provided to all registered nursing staff on the following:

- The Colleges of Nurses' (CNO) Standard "Scope of Practice"
- The College of Nurses' (CNO) Standard "Medication"
- The home's policy "Ordering Medications for a Leave of Absence"

B) Maintain a documented record of the education provided, including the education content, the dates of the education, the list of staff members receiving the education, and signatures to demonstrate staff understood the education content.

C) Review and revise the home's form, Acceptance of Leave of Absence (LOA) Medication, to include a second resident-specific identifier for the residents and the date/time the medications released for the outing were administered.

D) Ensure that the home's form Acceptance of Leave of Absence (LOA) Medication form is completed in full by the nursing staff releasing the medication(s), as well as by the nursing staff member administering medications for each resident who is administered medications on outings.

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E) Maintain a documented record of the completed forms (within the resident's chart) until this compliance order is complied by an inspector.

Grounds

The licensee has failed to ensure that the home's written policies and protocols for the medication management system were implemented.

A) The licensee has failed to ensure that written policies and protocols for the medication management system were implemented when registered staff members delegated the act of medication administration to unregulated care providers.

Record reviews indicated that several registered staff members had sent medications with Life Enrichment Aides (LEA) when residents went on an outing. In an interview, Director of Care verified that registered staff delegated the act of medication administration to unregulated care providers contrary to CNO Standard "Scope of Practice."

Sources: Records reviews of resident electronic and paper health records, LTCH Policy Ordering Medications for Leave of Absence; interview with staff.

B) The licensee has failed to ensure that written policies and protocols for the medication management system were implemented when two registered staff did not sign the Resident Narcotic/Controlled Medication Count Record for a resident as per the home's policy Ordering Medications for a Leave of Absence.

Records indicated that when a registered staff member released a narcotic medication to the LEA, a second registered staff did not sign the resident's Narcotic/Controlled Medication Count record. In an interview, the Director of Care

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verified that the registered staff did not have a second registered staff sign the Resident Narcotic/Controlled Medication Count Record for this resident.

Sources: Records reviews of electronic and paper health records, LTCH Policy Ordering Medications for Leave of Absence; interview with DOC.

C) The licensee has failed to ensure that written policies and protocols for the medication management system were implemented when the home's form Acceptance of Leave of Absence (LOA) Medications as per Long Term Care Home's policy Ordering Medications for Leave of Absence were not completed for several residents.

Record reviews indicated that the registered staff did not fully complete the Acceptance of Leave of Absence (LOA) Medications form for residents. In an interview, the Director of Care verified that the registered staff did not complete the Acceptance of Leave of Absence (LOA) Medications form as expected.

When registered staff did not follow the home's policies, residents were placed at an increased risk for decreased health status which required additional intervention and medical monitoring.

Sources: Records reviews of electronic and paper health records, LTCH Policy Ordering Medications for Leave of Absence; interview with DOC.

This order must be complied with by August 29, 2025

COMPLIANCE ORDER CO #002 Administration of drugs

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (1)

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Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

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

The licensee must:

A) Ensure that for every outing for residents, organized and/or approved by the Life Enrichment Coordinator, a registered staff member administers medications as prescribed.

B) Ensure the home maintains a record of the outing(s), all persons who attended, and how the home ensured every resident on the outing received their medications as prescribed. The record is to be maintained until the compliance order is complied by an inspector.

Grounds

The licensee has failed to ensure that no drug was used by or administered to a resident in the home unless the drug has been prescribed for the resident when a Life Enrichment Aide (LEA) gave a resident the incorrect medication while on an outing.

In an interview with the Life Enrichment Manager (LEM), they verified that a resident received incorrect medications during an outing.

The LEA recounted in an interview that prior to administering a medication, they did

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not verify that the correct resident was receiving the correct medication, which resulted in the resident receiving the incorrect medications. The outing was not attended by a registered staff member. Upon return from the outing, the resident required medical monitoring as ordered by the physician.

Sources: Record review of Resident's electronic health record, Long Term Care home Policy 5.6 "Medication Pass"; interviews with staff.

This order must be complied with by July 31, 2025

COMPLIANCE ORDER CO #003 Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (3) (b)

Administration of drugs

s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,

(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,

(i) a member of a regulated health profession and is acting within their scope of practice,

(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,

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(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or

(B) is an internationally trained nurse who is working as a personal support worker.

O. Reg. 66/23, s. 28 (1). Or

(iii) a nursing student extern who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home and who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario.

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

The licensee must:

A) Review and revise the home's "Outings" policy to reflect the requirement that for every outing for residents, organized and/or approved by the Life Enrichment Coordinator, that a member of the registered nursing staff administers medications as prescribed. Acting together as a team, including the Director of Care and Medical Director (as applicable), must participate in the review and revisions of the policy.

B) Ensure that the review and revisions (Part A) are documented and maintained in the home, and include the dates of the review, who participated, and the summary of the revisions.

C) Ensure that all registered nursing staff and life enrichment staff are re-trained on

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the the updated "Outings" policy. Maintain a documented record of the re-training, and include the names of staff who received the training, the date the training was provided, the method of delivery and the training content.

Grounds

The licensee has failed to ensure that no person administered a drug to a resident in the home unless that person was a member of a regulated health profession and was acting within their scope of practice, a personal support worker who had received training and met all requirements of the regulations, or a nursing student who met all requirements of the regulations; when a life enrichment aide (LEA) administered medications for several residents, during an outing.

The LEA reported they had provided medication to several residents during an outing. The LEA stated that they were not a regulated health professional and also had not been trained on medication administration by the home. The LEA confirmed that they had followed the same process of administering medications to residents on outings for the duration of their employment at the home.

The home's policy "Outings" directs the Life Enrichment Manager to make arrangements with the charge nurse for medications for residents attending the outing and the home's CareRx policy "Medication Pass" indicated that medications should be administered to residents by authorized staff as per provincial regulations and internal home policies, which includes all regulated health professionals according to their scope of practice. There were no provisions within the home's "Outings" policy or other home policies indicating that life enrichment aides were able to administer medications to residents.

The Director of Care recounted they were not aware the practice of LEAs receiving medications from registered staff and administering medications to residents on

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outings.

When the LEA administered medications to residents, the residents were placed at risk for impaired safety and decreased health outcomes, as LEAs were not regulated health professionals. Additionally, one resident suffered actual adverse health effects and required medical monitoring.

Sources: record review of electronic health records, the home's policy "Outings", the home's (Care Rx) policy "Medication Pass", the home's medication incident report; interviews with staff.

This order must be complied with by September 19, 2025

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

The following CO's were included in this follow up inspection: Compliance Order (CO) # 002 from inspection 2025-1004-0002 related to FLTCA, 2021 - s. 6 (7) Plan of Care with CDD March 28, 2025. Follow up inspection #2025-1004-0007 conducted on July 8, 2025.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister

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of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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REVIEW/APPEAL INFORMATION

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

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

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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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:



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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.