

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  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
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**Amended Public Copy/Copie modifiée du public**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 25, 2019	2019_563670_0022 (A1)	012118-19	Complaint

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**Licensee/Titulaire de permis**

CVH (No. 5) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.)

766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

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

Country Village Homes - Woodslee  
440 County Road 8, R.R. #2 Woodslee ON N0R 1V0

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

Amended by DEBRA CHURCHER (670) - (A1)

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**Amended Inspection Summary/Résumé de l'inspection modifié**

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**Compliance due date changed from August 7 2019 to August 15 2019.**

**Issued on this 25th day of July, 2019 (A1)**

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

**Original report signed by the inspector.**

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440 County Road 8, R.R. #2 Woodslee ON N0R 1V0

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

Amended by DEBRA CHURCHER (670) - (A1)

**Amended Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): July 16, 17, 18, 19, 2019.**

**The following complaint inspection was completed.**

**Log# 012118-19 IL-67684-LO related to skin and wound care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, one Registered Nurse, one Registered Practical Nurse, one Registered Practical Nurse Resident Assessment Instrument Coordinator, one Dietary Supervisor, four Personal Support Workers.**

**During the course of this inspection the Inspector also made observations of the overall maintenance and cleanliness of the home, observed staff to resident interactions and the provision of care, completed relevant clinical record review for identified residents, reviewed applicable internal records and reviewed applicable policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Skin and Wound Care**

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

**1 WN(s)  
0 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 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 requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

O. Reg. 48 (1) 2. States, Every licensee of a long term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home; A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

O. Reg. 50 (2) (b) (ii) (iv). States, Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds;

- receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.
- is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The Ministry of Long Term Care received a complaint IL-67684-LO related to skin and wound care management on June 17, 2019.

Resident #001 was admitted to the home for respite stays from April 2, 2019, through April 17, 2019, and again May 31, 2019, through June 10, 2019.

Review of resident #001's Head to Toe assessment dated April 2, 2019, showed a wound to the right lower leg upon admission.

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The inspector was unable to locate a weekly wound assessment for April 9, 2019.

Review of the home's policy titled Wound Care Management, RC-23-01-02 last updated February 2017, states initiate one Bates-Jensen wound assessment form for each open area/wound. Complete the Bates-Jensen Assessment if condition is worsening or not improving as expected, but minimum of every 7 days.

On July 17, 2019, Director of Care (DOC) #102 stated the home uses the weekly wound assessment in point click care but was unable to locate a weekly wound assessment for resident #001 on April 9, 2019, and stated that the resident should have had the assessment completed.

Review of resident #001's head to toe assessment for May 31, 2019, showed the resident had two open wounds to the left buttock and two open wounds to the right buttock.

Review of resident #001's weekly wound assessment, completed by RPN #104, dated June 3, 2019, showed the resident had multiple wounds to the right buttock.

During an interview on July 16, 2019, Registered Practical Nurse (RPN) #104 stated that they recall the resident had six to seven wounds to the right buttock during the June 3, 2019, weekly wound assessment.

Review of resident #001's treatment administration record (TAR) showed a treatment with a start date of June 2, 2019, for the left and right buttock to cleanse with normal saline, apply skin prep and cover with a dry dressing every two days.

June 4, 2019, TAR showed an entry for multiple small open areas on the right buttock with an order to cleanse the wounds with normal saline, dry the wounds, apply non adhesive dressing, cover with four by four's and secure with mifix. The order stated to change the dressing daily and as needed.

The home's policy titled Wound Care Management RC-23-01-02, appendix five, stage two ulcer, stated, Film Hydrocolloid dressing for moist wound healing.

During an interview on July 18, 2019, DOC #102 acknowledged that the assessment on June 3, 2019, represented a deterioration in the residents wounds. DOC #102 also acknowledged the wounds would have been a minimum

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of a stage two and the algorithm for stage two ulcers that the home follows as part of their policy should have been followed and was not. DOC #102 stated that a dry dressing was not best practice for stage two wounds.

Review of resident #001's care plan for both respite stays showed no plan of care for transfers, bed mobility, turning and repositioning, dressing, bathing, locomotion, personal hygiene, continence care, or dietary interventions related to wounds for either admission. There was no plan of care for the buttocks wounds identified for the May 31, 2019, admission.

The inspector was unable to find a dietitian referral related to the resident's wounds for either admission.

Dietary supervisor #106 was unable to find a dietitian referral and stated that they did not recall ever receiving one.

The home's policy titled Wound Care Management, last updated February 2017, RC-23-01-02, stated;

Interdisciplinary Team

-Develop and implement an individualized interdisciplinary care plan in collaboration with the resident/POA/SDM/family to address identified risk factors, promote healing, prevent infection and reduce pain and discomfort. At a minimum the plan will include:

- a) Repositioning both in and out of bed,
- b) Nutrition and fluid intake,
- c)Moisturizing dry skin,
- d) Management of incontinence of urine and feces,
- e) Appropriate support surface for bed and /or chair,
- f) Positioning devices and supports to keep pressure off high risk areas such as heels, elbows, shoulders and coccyx,
- g) Management of excessive skin wetness
- h) Pain management,
- i) Resident level of activity or mobility, and
- j) Individual preferences.

-Reassess and update care plan as needed.

Nurse/ Wound Care Lead

Referrals

-Complete referral to Registered Dietitian for all residents exhibiting altered skin integrity. The Dietitian will complete an assessment, document, and



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communicate to the interdisciplinary team any nutritional interventions to be implemented, and update the residents care plan as necessary.

During an interview on July 18, 2019, DOC #102 stated that the home uses the point click care plan of care as the 24 hour admission care plan as well as the long term care plan and that the plan of care was incomplete. The DOC #102 acknowledged that the dietitian referral was not made and should have been.

July 19, 2019, Administrator #101 acknowledged that the home had not followed their skin and wound care management policy.

The licensee has failed to ensure that the Skin and Wound Program policies were complied with. [s. 8. (1) (a),s. 8. (1) (b)]

***Additional Required Actions:***

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

**(A1)**

**The following order(s) have been amended: CO# 001**

**Issued on this 25th day of July, 2019 (A1)**

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

**Original report signed by the inspector.**

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch  
Division des foyers de soins de  
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Inspection de soins de longue durée**

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section 154 of the *Long-Term  
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L. O. 2007, chap. 8

**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by DEBRA CHURCHER (670) - (A1)

**Inspection No. /  
No de l'inspection :** 2019\_563670\_0022 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 012118-19 (A1)

**Type of Inspection /  
Genre d'inspection :** Complaint

**Report Date(s) /  
Date(s) du Rapport :** Jul 25, 2019(A1)

**Licensee /  
Titulaire de permis :** CVH (No. 5) LP by its general partners, Southbridge  
Health Care GP Inc. and Southbridge Care Homes  
(a limited partnership, by its general partner,  
Southbridge Care Homes Inc.)  
766 Hespeler Road, Suite 301, c/o Southbridge  
Care Homes, CAMBRIDGE, ON, N3H-5L8

**LTC Home /  
Foyer de SLD :** Country Village Homes - Woodslee  
440 County Road 8, R.R. #2, Woodslee, ON,  
N0R-1V0

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Janet Carriere

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To CVH (No. 5) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.), you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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L. O. 2007, chap. 8

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee must be compliant with O.Reg. 79/10, s. 8 (1) (b).

The licensee shall ensure that the home complies with its Skin and Wound Care Program policies. Specifically; any residents exhibiting altered skin integrity;

- 1) Will receive weekly skin and wound assessments for all wounds if clinically indicated.
- 2) Will receive an assessment that identifies the type and stage of the altered skin integrity.
- 3) Will receive wound care, using the home's algorithm, based on the type and stage of the wound.
- 3) Will receive a dietitian assessment and applicable interventions related to altered skin integrity.
- 4) Will have an interdisciplinary and collaborative care plan developed that includes a comprehensive description of the interventions required for the resident's activity of daily living requirements as they relate to prevention of skin breakdown and/or promotion of wound healing.

**Grounds / Motifs :**

1. The licensee has failed 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

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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**

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policy, the licensee is required to ensure that the policy is complied with.

O. Reg. 48 (1) 2. States, Every licensee of a long term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home; A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

O. Reg. 50 (2) (b) (ii) (iv). States, Every licensee of a long-term care home shall ensure that, a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds;  
-receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.  
-is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The Ministry of Long Term Care received a complaint IL-67684-LO related to skin and wound care management on June 17, 2019.

Resident #001 was admitted to the home for respite stays from April 2, 2019, through April 17, 2019, and again May 31, 2019, through June 10, 2019.

Review of resident #001's Head to Toe assessment dated April 2, 2019, showed a wound to the right lower leg upon admission.

The inspector was unable to locate a weekly wound assessment for April 9, 2019.

Review of the home's policy titled Wound Care Management, RC-23-01-02 last updated February 2017, states initiate one Bates-Jensen wound assessment form for each open area/wound. Complete the Bates-Jensen Assessment if condition is worsening or not improving as expected, but minimum of every 7 days.

On July 17, 2019, Director of Care (DOC) #102 stated the home uses the weekly wound assessment in point click care but was unable to locate a weekly wound assessment for resident #001 on April 9, 2019, and stated that the resident should have had the assessment completed.

**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

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Review of resident #001's head to toe assessment for May 31, 2019, showed the resident had two open wounds to the left buttock and two open wounds to the right buttock.

Review of resident #001's weekly wound assessment, completed by RPN #104, dated June 3, 2019, showed the resident had multiple wounds to the right buttock.

During an interview on July 16, 2019, Registered Practical Nurse (RPN) #104 stated that they recall the resident had six to seven wounds to the right buttock during the June 3, 2019, weekly wound assessment.

Review of resident #001's treatment administration record (TAR) showed a treatment with a start date of June 2, 2019, for the left and right buttock to cleanse with normal saline, apply skin prep and cover with a dry dressing every two days.

June 4, 2019, TAR showed an entry for multiple small open areas on the right buttock with an order to cleanse the wounds with normal saline, dry the wounds, apply non adhesive dressing, cover with four by four's and secure with mefix. The order stated to change the dressing daily and as needed.

The home's policy titled Wound Care Management RC-23-01-02, appendix five, stage two ulcer, stated, Film Hydrocolloid dressing for moist wound healing.

During an interview on July 18, 2019, DOC #102 acknowledged that the assessment on June 3, 2019, represented a deterioration in the residents wounds. DOC #102 also acknowledged the wounds would have been a minimum of a stage two and the algorithm for stage two ulcers that the home follows as part of their policy should have been followed and was not. DOC #102 stated that a dry dressing was not best practice for stage two wounds.

Review of resident #001's care plan for both respite stays showed no plan of care for transfers, bed mobility, turning and repositioning, dressing, bathing, locomotion, personal hygiene, continence care, or dietary interventions related to wounds for either admission. There was no plan of care for the buttocks wounds identified for the May 31, 2019, admission.

The inspector was unable to find a dietitian referral related to the resident's wounds

**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

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for either admission.

Dietary supervisor #106 was unable to find a dietitian referral and stated that they did not recall ever receiving one.

The home's policy titled Wound Care Management, last updated February 2017, RC-23-01-02, stated;

**Interdisciplinary Team**

-Develop and implement an individualized interdisciplinary care plan in collaboration with the resident/POA/SDM/family to address identified risk factors, promote healing, prevent infection and reduce pain and discomfort. At a minimum the plan will include:

- a) Repositioning both in and out of bed,
- b) Nutrition and fluid intake,
- c) Moisturizing dry skin,
- d) Management of incontinence of urine and feces,
- e) Appropriate support surface for bed and /or chair,
- f) Positioning devices and supports to keep pressure off high risk areas such as heels, elbows, shoulders and coccyx,
- g) Management of excessive skin wetness
- h) Pain management,
- i) Resident level of activity or mobility, and
- j) Individual preferences.

-Reassess and update care plan as needed.

Nurse/ Wound Care Lead

**Referrals**

-Complete referral to Registered Dietitian for all residents exhibiting altered skin integrity. The Dietitian will complete an assessment, document, and communicate to the interdisciplinary team any nutritional interventions to be implemented, and update the residents care plan as necessary.

During an interview on July 18, 2019, DOC #102 stated that the home uses the point click care plan of care as the 24 hour admission care plan as well as the long term care plan and that the plan of care was incomplete. The DOC #102 acknowledged that the dietitian referral was not made and should have been.

July 19, 2019, Administrator #101 acknowledged that the home had not followed

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section 154 of the *Long-Term  
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their skin and wound care management policy.

The licensee has failed to ensure that the Skin and Wound Program policies were complied with.

The severity was determined to be a level 3 as there was actual harm or actual risk of harm. The scope of this issue was isolated during the course of this inspection. There was a compliance history of related legislation r. 50. (2) (b) (iv) being issued in the home on November 22, 2018, as a Voluntary Plan of Correction (VPC) in a Resident Quality Inspection #2018\_533115\_0023.

(670)

**This order must be complied with by /**

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

Aug 15, 2019(A1)



**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

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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**

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

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](http://www.hsarb.on.ca).

**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

**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**

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

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](http://www.hsarb.on.ca).

**Issued on this 25th day of July, 2019 (A1)**

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

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by DEBRA CHURCHER (670) - (A1)

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

**Service Area Office /  
Bureau régional de services :**

London Service Area Office