



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 15, 2015	2015_321501_0002	T-1487-14	Complaint

Licensee/Titulaire de permis

EXTENDICARE SOUTHWESTERN ONTARIO INC
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE BAYVIEW
550 CUMMER AVENUE NORTH YORK ON M2K 2M2

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

SUSAN SEMEREDY (501)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 16, 19, 20, 2015.

During the course of the inspection, the inspector(s) spoke with the administrator, program manager, dietary manager, registered dietitian, residents and substitute decision makers (SDM).

The inspector observed meal service and reviewed resident health records and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

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

3 WN(s)

1 VPC(s)

2 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>Legendé</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. 71. Menu planning
Specifically failed to comply with the following:**

s. 71. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).

Findings/Faits saillants :



The licensee has failed to ensure that an individualized menu is developed for resident #1, #3 and #4 whose spiritual needs cannot be met through the home's menu cycle.

Resident #1 was identified to be of an identified faith and regularly attends specific religious programs in the home. Interview with resident #1's substitute decision maker revealed he/she has eaten foods specific to his/her religion all his/her life and needs specific food to meet his/her spiritual needs. Record review revealed resident #1 receives a regular diet with no pork or shellfish and no dairy with meat. Interview with the substitute decision maker revealed every week he/she picks up donated foods specific to religious observance which he/she brings to the home to share with resident #1 on their religious evening. Staff interviews revealed they are aware the substitute decision maker is doing this but have not offered to help in any way with the delivery or preparation.

Resident #3 was identified to be of an identified faith and regularly attends specific religious programs in the home. Record review revealed resident is on a diet with a no pork or shellfish and no dairy with meat notation. Interview with the resident revealed he/she would like to have specific foods in order to meet his religious and spiritual needs. Interview with an identified spiritual leader and staff confirmed resident #3 consistently and regularly requests foods specific to his/her religious observance.

Resident #4 was identified as being of an identified faith. Record review and resident and staff interview revealed that he/she is religious and attends specific religious programs within the home. Resident interview revealed he/she needs specific food for his/her religious observance and believes he/she would eat better if he/she were provided foods specific to religious observance. Record review revealed resident #4 receives a regular diet with no pork or shellfish and no dairy with meat diet and is at high nutritional risk due to low body weight. Interview with the administrator revealed that the home is aware of resident #4's need for foods specific to religious observance.

Interviews with staff including the administrator confirmed that the home does not provide an individualized menu to resident #1, #3 and #4 who require foods specific to religious observance to meet their spiritual needs. The administrator stated he/she plans to provide this option in the near future.

O. Reg 79/10, s. 71(5) was issued as a written notification and voluntary plan of correction on January 14, 2014, during inspection 2013_238501_0002. [s. 71. (5)]



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. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

The licensee has failed to ensure that every resident's right to be properly fed and cared for in a manner consistent with his or her needs is fully respected and promoted. Residents #1, #2, #3, and #4's spiritual need for foods specific to religious observance was not fully respected and promoted.

Interview with the administrator and registered dietitian revealed that the home does not have a policy, protocol or procedure to address residents' religious and spiritual needs related to food. Interview with the dietary manager revealed the home is not able to provide foods specific to religious observance because it is too expensive. Record review and staff interviews revealed the home provides a menu which includes no pork products or shellfish, no dairy with meat or a vegetarian diet. Interview with the administrator confirmed that these options are not appropriate for those who have a need for specific food related to their religious observance.

Resident #1 was admitted to Extendicare Bayview on a specific date and was identified as being of an identified faith. Record review and staff interview revealed that he/she is religious and attends specific religious programs within the home. Interview with the substitute decision maker revealed that he/she ate foods specific to religious observance all his/her life but is currently receiving a regular diet with no pork or shellfish and no dairy with meat diet. Interview with the administrator revealed the home is aware of resident #1's need for foods specific to religious observance.



Resident #2 was admitted to Extencicare Bayview on a specific date and was identified as being of an identified date faith. Record review and resident and staff interview revealed he/she is religious and attends specific religious programs within the home. Resident interview revealed he/she ate foods specific to religious observance all his/her life and currently receives a vegetarian diet. Interview with the nutrition manager revealed resident #2 has a marked menu for his/her vegetarian preferences but the home has not offered him/her any foods specific to his/her religious observance. Interview with the administrator revealed that the home is aware of resident #2's need for foods specific to religious observance.

Resident #3 was admitted to Extencicare Bayview on a specific date, and was identified as being of an identified faith. Record review and staff interview revealed that he/she is religious and attends identified religious programs within the home. Interview with resident revealed he/she would prefer to eat foods specific to his/her religious observance as he/she has done so all his/her life. Record review revealed resident #3 receives a no pork or shellfish and no dairy with meat diet. Staff interviews revealed he/she regularly and consistently makes his/her need for foods specific to his religious observance known to the home.

Resident #4 was admitted to Extencicare Bayview on a specific date, and was identified as being of an identified faith. Record review and resident and staff interview revealed that he/she is religious and attends specific religious programs within the home. Resident interview revealed he/she needs specific food for his/her religious observance and believes he/she would eat better if he/she were provided foods specific to religious observance. Record review revealed resident #4 receives a regular diet with no pork or shellfish and no dairy with meat. Interview with the administrator revealed that the home is aware of resident #4's need for foods specific to religious observance.

Interview with the administrator confirmed that the home has not yet developed a plan to provide foods specific to religious observance to those identified to have this need.

LTCHA s. 3(1)(4) was issued as a written notification and voluntary plan of correction on January 14, 2014, during inspection 2013_238501_0002. [s. 3. (1) 4.]



Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care is based on an assessment of the resident and the resident's needs and preferences.

Resident #2 was identified to be of a specific faith and regularly attends identified religious programs in the home. Record review and interview with the resident revealed he/she currently receives an individualized menu and receives a nutritional supplement. Resident stated if he/she was offered foods specific to her religious observance and it was cooked well, it would provide more variety to his/her diet and his/her overall intake would improve. Staff interviews revealed that the home is aware resident #2 might prefer foods specific to his/her religious observance if it was prepared well but this has never been assessed as a need or preference.

Resident #4 was identified to be of a specified faith and regularly attends identified religious programs in the home. Record review revealed resident is on a regular diet with no pork or shellfish and no dairy with meat notation and is at high nutritional risk due to low body weight. Interview with the resident revealed he/she would prefer to have foods specific to religious observance and believes he/she would eat better if he/she was provided foods specific to his/her religious observance. Interview with the dietary manager confirmed that this need has not been assessed as foods specific to religious observance is not an option that the home currently offers. [s. 6. (2)]



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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 the plan of care is based on an assessment of the resident and the resident's needs and preferences, to be implemented voluntarily.

Issued on this 20th day of April, 2015

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

Original report signed by the inspector.



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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*

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Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SUSAN SEMEREDY (501)

Inspection No. /

No de l'inspection : 2015_321501_0002

Log No. /

Registre no: T-1487-14

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Apr 15, 2015

Licensee /

Titulaire de permis : EXTENDICARE SOUTHWESTERN ONTARIO INC
3000 STEELES AVENUE EAST, SUITE 700,
MARKHAM, ON, L3R-9W2

LTC Home /

Foyer de SLD : EXTENDICARE BAYVIEW
550 CUMMER AVENUE, NORTH YORK, ON, M2K-2M2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Niklas Chandrabalan

To EXTENDICARE SOUTHWESTERN ONTARIO 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

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 :

O.Reg 79/10, s. 71. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).

Order / Ordre :

The licensee shall meet with those residents in the home (or SDM if the resident is not capable) who have self-identified that they are of an identified faith, to discuss their specific religious dietary needs and acceptable options and alternatives, foods specific to their religious observance, to meet these needs.

The licensee shall then implement an individualized menu that includes the identified options and alternatives that meets the residents' needs at no charge.

Grounds / Motifs :

1. The licensee has failed to ensure that an individualized menu is developed for resident #1, #3 and #4 whose spiritual needs cannot be met through the home's menu cycle.

Although the home was found to be in noncompliance previously regarding similar findings in January 2014, the administrator admits a plan of action has not been initiated. During this inspection, the inspector found four residents needing alternative dietary options due to their religious beliefs and the administrator admits that there may be a total of eleven residents that would have this requirement. Therefore, due to scope and previous history, compliance orders have been warranted.

Resident #1 was identified to be of an identified faith and regularly attends specific religious programs in the home. Interview with resident #1's substitute decision maker revealed he/she has eaten foods specific to his/her religion all his/her life and needs specific food to meet his/her spiritual needs. Record review revealed resident #1 receives a regular diet with no pork or shellfish and no dairy with meat. Interview with the substitute decision maker revealed every



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week he/she picks up donated foods specific to religious observance which he/she brings to the home to share with resident #1 on their religious evening. Staff interviews revealed they are aware the substitute decision maker is doing this but have not offered to help in any way with the delivery or preparation.

Resident #3 was identified to be of an identified faith and regularly attends specific religious programs in the home. Record review revealed resident is on a diet with a no pork or shellfish and no dairy with meat notation. Interview with the resident revealed he/she would like to have specific foods in order to meet his religious and spiritual needs. Interview with an identified spiritual leader and staff confirmed resident #3 consistently and regularly requests foods specific to his/her religious observance.

Resident #4 was identified as being of an identified faith. Record review and resident and staff interview revealed that he/she is religious and attends specific religious programs within the home. Resident interview revealed he/she needs specific food for his/her religious observance and believes he/she would eat better if he/she were provided foods specific to religious observance. Record review revealed resident #4 receives a regular diet with no pork or shellfish and no dairy with meat diet and is at high nutritional risk due to low body weight. Interview with the administrator revealed that the home is aware of resident #4's need for foods specific to religious observance.

Interviews with staff including the administrator confirmed that the home does not provide an individualized menu to resident #1, #3 and #4 who require foods specific to religious observance to meet their spiritual needs. The administrator stated he/she plans to provide this option in the near future.

O. Reg 79/10, s. 71(5) was issued as a written notification and voluntary plan of correction on January 14, 2014, during inspection 2013_238501_0002. [s. 71. (5)] (501)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 29, 2015

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal

Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

- i. the Residents' Council,
- ii. the Family Council,
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
- iv. staff members,
- v. government officials,
- vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and

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other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee shall ensure that residents who have self-identified that they are of a specific faith, are afforded the opportunity to discuss their religious dietary needs during admission, care conferences and quarterly reviews and will be referred to and assessed by a registered dietitian when their needs cannot be met through the home's menu cycle.

The licensee shall then develop and implement identified acceptable religious dietary options and alternatives, including foods specific to religious observance, which is consistent with the residents' needs at no charge.

Grounds / Motifs :

1. The licensee has failed to ensure that every resident's right to be properly fed and cared for in a manner consistent with his or her needs is fully respected and promoted. Residents #1, #2, #3, and #4's spiritual need for foods specific to religious observance was not fully respected and promoted.

Interview with the administrator and registered dietitian revealed that the home does not have a policy, protocol or procedure to address residents' religious and spiritual needs related to food. Interview with the dietary manager revealed the home is not able to provide foods specific to religious observance because it is too expensive. Record review and staff interviews revealed the home provides a menu which includes no pork products or shellfish, no dairy with meat or a vegetarian diet. Interview with the administrator confirmed that these options are not appropriate for those who have a need for specific food related to their

religious observance.

Resident #1 was admitted to Extendicare Bayview on a specific date and was identified as being of an identified faith. Record review and staff interview revealed that he/she is religious and attends specific religious programs within the home. Interview with the substitute decision maker revealed that he/she ate foods specific to religious observance all his/her life but is currently receiving a regular diet with no pork or shellfish and no dairy with meat diet. Interview with the administrator revealed the home is aware of resident #1's need for foods specific to religious observance.

Resident #2 was admitted to Extendicare Bayview on a specific date and was identified as being of an identified date faith. Record review and resident and staff interview revealed he/she is religious and attends specific religious programs within the home. Resident interview revealed he/she ate foods specific to religious observance all his/her life and currently receives a vegetarian diet. Interview with the nutrition manager revealed resident #2 has a marked menu for his/her vegetarian preferences but the home has not offered him/her any foods specific to his/her religious observance. Interview with the administrator revealed that the home is aware of resident #2's need for foods specific to religious observance.

Resident #3 was admitted to Extendicare Bayview on a specific date, and was identified as being of an identified faith. Record review and staff interview revealed that he/she is religious and attends identified religious programs within the home. Interview with resident revealed he/she would prefer to eat foods specific to his/her religious observance as he/she has done so all his/her life. Record review revealed resident #3 receives a no pork or shellfish and no dairy with meat diet. Staff interviews revealed he/she regularly and consistently makes his/her need for foods specific to his religious observance known to the home.

Resident #4 was admitted to Extendicare Bayview on a specific date, and was identified as being of an identified faith. Record review and resident and staff interview revealed that he/she is religious and attends specific religious programs within the home. Resident interview revealed he/she needs specific food for his/her religious observance and believes he/she would eat better if he/she were provided foods specific to religious observance. Record review revealed resident #4 receives a regular diet with no pork or shellfish and no dairy with meat. Interview with the administrator revealed that the home is aware of



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resident #4's need for foods specific to religious observance.

Interview with the administrator confirmed that the home has not yet developed a plan to provide foods specific to religious observance to those identified to have this need.

LTCHA s. 3(1)(4) was issued as a written notification and voluntary plan of correction on January 14, 2014, during inspection 2013_238501_0002. [s. 3. (1) 4.] (501)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 29, 2015



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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 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 or by fax upon:

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



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

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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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

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



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et
des Soins de longue durée**

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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 15th day of April, 2015

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

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

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