

## 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*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire		<input checked="" type="checkbox"/> Public Copy/Copie Public	
<b>Name of Inspector:</b>	Jane Carruthers Amanda Williams	<b>Inspector ID #</b>	113 101	
<b>Log #:</b>	T1203			
<b>Inspection Report #:</b>	2010_113_2556_13Dec111904 2010_101_2556_13Dec111934			
<b>Type of Inspection:</b>	Follow up			
<b>Date of Inspection:</b>	December 13,14, 2010			
<b>Licensee:</b>	Chartwell Master Care LP, 100 Milverton Drive, Suite 700, Mississauga, ON L5R 4H1			
<b>LTC Home:</b>	The Gibson Long-Term Care Centre, 1925 Steeles Avenue East, North York, ON M2H 2H3			
<b>Name of Administrator:</b>	Soile Helppi			

To Chartwell Master Care LP, you are hereby required to comply with the following order by the date set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to: O. Reg 79/10 s. 21.</b>			
Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.			
<b>Order:</b> The Licensee shall audit, identify, and adjust temperatures in all Resident Home Areas to ensure the home is maintained at a minimum of 22 degrees Celsius.			
<b>Grounds:</b>			
1. Air temperatures were recorded in five identified Resident bedrooms and bathrooms ranging from 17.1°C to 20.9°C.			
<b>This order must be complied with by:</b>		immediately	

**REVIEW/APEAL 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 service for the Licensee.

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

**Director**  
 c/o Appeals Clerk  
 Performance Improvement and Compliance Branch  
 Ministry of Health and Long-Term Care  
 55 St. Clair Ave. West  
 Suite 800, 8<sup>th</sup> floor  
 Toronto, ON M4V 2Y2  
 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 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.

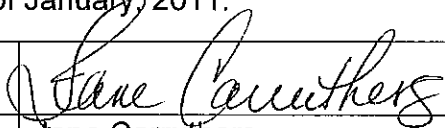
The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with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

**Health Services Appeal and Review Board and the**  
 Attention Registrar  
 151 Bloor Street West  
 9th Floor  
 Toronto, ON  
 M5S 2T5

**Director**  
 c/o Appeals Clerk  
 Performance Improvement and Compliance Branch  
 55 St. Claire Avenue, West  
 Suite 800, 8<sup>th</sup> Floor  
 Toronto, ON M4V 2Y2

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).

Issued on this 13 <sup>th</sup> day of January, 2011.	
Signature of Inspector:	
Name of Inspector:	Jane Carruthers Amanda Williams
Service Area Office:	Toronto Service Area



**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with **O. Reg 79/10 s. 21.**

**Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.**

**Findings:**

- Air temperatures were recorded in five identified Resident bedrooms and bathrooms ranging from 17.1°C to 20.9°C.

**Inspector ID #:** 113  
101

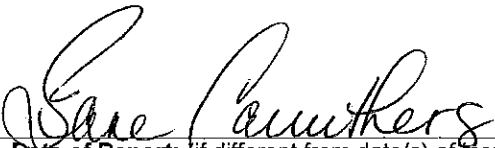
**Additional Required Actions:**

**CO # - [001]** was served on the licensee. Refer to the "Order(s) of the Inspector" form.

**CORRECTED NON-COMPLIANCE  
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
NHA R.S.O. Chapter N.7 section 2 (2) 18			June 22,23, 2010	113 101
Program Standards and Criteria Manual unmet criterion M3.21 (re-issued)			June 22,23, 2010	113 101

Program Standards and Criteria Manual unmet criterion 03.1 (re-issued)			June 22,23, 2010	113 101
Program Standards and Criteria Manual unmet criterion 04.14			June 22,23, 2010	113 101

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>		<b>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</b>	
			
<b>Title:</b>	<b>Date:</b>	<b>Date of Report:</b> (if different from date(s) of inspection).	
		