



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

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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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 3, 2014	2013_205129_0014	H-000632-13	Critical Incident System

**Licensee/Titulaire de permis**

HOLLAND CHRISTIAN HOMES INC  
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, L6Y-5A7

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

FAITH MANOR NURSING HOME  
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, L6Y-5A7

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

PHYLLIS HILTZ-BONTJE (129)

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



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): October 30, November 3, 27, December 9 and 16, 2013**

**During the course of the inspection, the inspector(s) spoke with the resident, registered staff, the Volunteer Program Manager, a volunteer, the Director of Care, the Executive Director/Administrator and the Management Board chairperson.**

**During the course of the inspection, the inspector(s) observed the resident, reviewed clinical record documents, the homes training records, personnel files and reviewed the home's policies [Resident Abuse and Neglect, Abuse Prevention, Prevention/Reporting/Elimination of Abuse as well as Roles and Responsibilities of Departments Using Volunteers]**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**



<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<p><b>Legend</b></p> <p>WN – Written Notification            VPC – Voluntary Plan of Correction            DR – Director Referral            CO – Compliance Order            WAO – Work and Activity Order</p>	<p><b>Legendé</b></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 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:**

**2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that resident #001's right to be protected from abuse was fully respected and promoted, in relation to the following: [3(1)2]  
Resident #001 was abused when on identified date a person was witnessed by a registered staff member placing their hands inside the resident's blouse and rubbing the chest area. Resident #001's medical conditions would have prevented them from consenting to sexual touching. [s. 3. (1) 2.]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

**Specifically failed to comply with the following:**

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

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**Findings/Faits saillants :**

1. The licensee did not protect resident #001 from abuse, in relation to the following: [19(1)]

On an identified date a registered staff person witnessed a person abuse resident #001.

The licensee failed in their duty to protect this resident from abuse when:

- a) The licensee did not implement screening measures that included criminal reference checks, in accordance with the LTCHA 2007, S.O,c.8, s. 75(1).
- b) The licensee did not ensure that volunteers were monitored in relation to the services that were being provided to residents, in accordance with O. Reg. 94(2).
- c) The licensee did not ensure that all staff received annual retraining in the home's policy to promote zero tolerance of abuse and neglect and the duty under section 24 to make mandatory reports, in accordance with section 76(2) 3 and 4 of the Act.
- d) The licensee did not ensure that an orientation program for volunteers was developed that included information on the long term care homes policy to promote zero tolerance of abuse and neglect of residents, in accordance with section 77(c) of the Act. [s. 19. (1)]



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***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

**Specifically failed to comply with the following:**

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**

**(a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**

**(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**

**(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**

**(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**

**(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**

**(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**

**(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**

**(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

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**Findings/Faits saillants :**

1. The licensee did not ensure the written policy to promote zero tolerance of abuse and neglect of resident was complied with, in relation to the following: 20(1)  
Staff in the home did not comply with the homes policy [Prevention, Reporting and Elimination of Abuse] # 72-02-19 issued on 01/01/2008 in relation to the following:



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- The licensee did not ensure volunteers received an orientation that included a review of the home's abuse policy nor were volunteers given a copy of the abuse policy as directed in this policy. The Volunteer Coordinator confirmed that the orientation of volunteers in the home did not include education and information about abuse and abuse prevention. A volunteer interviewed during the course of this inspection also confirmed that information related to abuse and abuse prevention was not provided and this volunteer was unaware that the home had a policy on the prevention of abuse.

- The licensee did not ensure volunteers were screened including a police record check as directed in the policy. The Volunteer Coordinator confirmed that none of the approximately 400 active volunteers had been screened that included a police criminal record check. A volunteer interviewed at the time of this inspection indicated they had never obtained a police criminal record check. [s. 20. (1)]

2. The licensee did not ensure that at a minimum the policy to promote zero tolerance of abuse and neglect of residents contained an explanation of the duty under section 24 to make mandatory reports, with respect to the following: [20(2)(d)]

The following policies and procedures related to abuse and abuse prevention provided by the home were reviewed: [Prevention, Reporting and Elimination of Abuse] # 72-02-19 issued on 01/01/2008, [Resident Abuse] # 60-18-04 issued on 24/06/2008, [Abuse Prevention] #72-02-21 issued on 01/01/2008, [Resident Abuse and Neglect] #50-07-05 issued on 17-08-2012 and [Harassment and Abuse] # 72-02-17b issued on 01/01/2008.

a)The requirement to report identified in the home's policy [Prevention, Reporting and Elimination of Abuse] did not contain an explanation of the duty of a person who has reasonable ground to suspect that abuse occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director, in accordance with section 24(1) of this Act. This policy directed staff that if they become aware of abuse or suspected abuse, the first person having knowledge of this shall immediately inform the Executive Director and there were not further directions with respect to immediately reporting to the Director through the Critical Incident system or outside of business hours through the Ministry's emergency pager.

b) The home's policy also did not contain an explanation of the following information included in section 24:

- The consequence of providing false information to the Director.
- The exceptions for residents in relation to reporting.
- The duty on practitioners or others in relation to reporting.



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- The consequence of failing to report.
- The consequence of suppressing a report. [s. 20. (2) (d)]

3. The licensee did not ensure that at minimum the policy to promote zero tolerance of abuse and neglect of residents dealt with any additional matters as may be provided for in the regulations, in relation to the following: [20(2)(h)]

The five policies and procedures provided by the home related to Abuse and Abuse Prevention did not contain an explanation of the requirement to immediately notify the appropriate police force of any alleged, suspected or witnessed incidents of abuse or neglect of a resident that may constitute a criminal offence, in accordance with O.Reg 98. [s. 20. (2) (h)]

***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

***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 and ensuring that the written policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 16. Volunteer program**

**Specifically failed to comply with the following:**

**s. 16. (1) Every licensee of a long-term care home shall ensure that there is an organized volunteer program for the home that encourages and supports the participation of volunteers in the lives and activities of residents. 2007, c. 8, s. 16 (1).**

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**Findings/Faits saillants :**



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1. The licensee did not ensure there was an organized volunteer program implemented in the home, with respect to the following: [16(1)]  
The Volunteer Coordinator, a volunteer and documents provided by the home confirmed the volunteer program was not organized and did not include programs and systems required in the Act and Regulations, specifically the following:
- a) Did not contain an orientation program that included information on the long term care home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 24 to make mandatory reports, in accordance with section 77 of the Act. Records provided by the home confirmed that this information was not provided to volunteers. A volunteer confirmed that information related to what constitutes abuse or that there was a requirement to report to the Ministry, was not provided. This volunteer also confirmed that they were unaware that the home had a policy on prevention of abuse.
  - b) Did not contain a system for monitoring volunteers, in accordance with O. Reg. 94(2). At the time of this inspection the Volunteer Coordinator indicated that the activation staff were responsible for monitoring volunteers. The Acting Activation Manager confirmed that there is not a process in place in the home for monitoring volunteer's activities and interactions with residents.
  - c) Did not contain a system to ensure that volunteers were screened before being accepted to provide services in the home, in accordance with section 75(1) of this Act. Volunteer files provided by the home indicated that five of five file reviewed did not contain documentation that screening had occurred. The Volunteer Coordinator confirmed that the required police criminal reference screening was not completed for any of the 400 volunteers currently active with the licensee. [s. 16. (1)]

***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 and ensuring an organized volunteer program is implemented in the home, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**





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Specifically failed to comply with the following:

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

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**Findings/Faits saillants :**

1. The Executive Director/Administrator had reasonable ground to suspect that abuse of a resident had occurred and did not immediately report the suspicion and the information upon which it was based to the Director, in relation to the following:  
[24(1)2]

A Registered staff member witnessed a person placing their hands inside resident #001's blouse and rub the resident's chest. The staff confronted the person and removed the resident to the safety of the nursing station where the staff person immediately contacted the Director of Care. The Director of Care immediately reported this incident to the Executive Director/Administrator who directed staff to hold off reporting this and as a result this incident was not reported for seven days after the incident when the Hamilton Services Area Office received a Critical Incident Report. The Executive Director/Administrator confirmed that he made the decision to not immediately report this to the Director, because he did not believe the person accused of the abuse would have acted in such a way. At the time of this inspection the Executive Director/Administrator confirmed that he was aware of the reporting requirement. [s. 24. (1)]



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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 and ensure that a person who has reasonable grounds to suspect that abuse of a resident occurred or may occur, immediately reports the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

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**Findings/Faits saillants :**



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1. The licensee did not ensure that the Volunteer program required under the LTCHA 2007 c. 8, s., 16(1) was evaluated and updated at least annually in accordance with evidenced- based practices and, if there are none, in accordance with prevailing practices. [30(3)]

The Volunteer Coordinator confirmed an evaluation of the volunteer program, in accordance with the requirements under this regulation had not been conducted and that there were no written records that such an evaluation had occurred. [s. 30. (1) 3.]

***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 and ensuring the Volunteer program is evaluated and updated at least annually in accordance with evidenced-based practices and if there are none, in accordance with prevailing practices, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 75. Screening measures**

**Specifically failed to comply with the following:**

**s. 75. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. 2007, c. 8, s. 75. (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that screening measures were conducted in accordance with the regulations before accepting volunteers, in relation to the following: [75(1)]

Volunteer files provided by the home for five volunteers indicated that criminal reference screening was not completed for these volunteers. The Volunteer Coordinator confirmed that police criminal reference screening was not completed in accordance with the regulations for any of the approximately 400 volunteers currently active in the home. [s. 75. (1)]



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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 and ensuring that screening measures are conducted in accordance with the regulations before accepting volunteers, to be implemented voluntarily.***

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

**Specifically failed to comply with the following:**

**s. 76. (1) Every licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section. 2007, c. 8, s. 76. (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that all staff at the home received annual retraining in accordance with O. Reg 219(1) in the areas of the long term care homes policy to promote zero tolerance of abuse and neglect of residents as well as the duty under section 24 to make mandatory reports in accordance with LTCHA 2007, c. 8, s., 76(2) 3 & 4, in relation to the following: [76(1)]

Information provided by the home at the time of this inspection indicated that 130 staff worked in the home. Documentation of training records for 2012 provided by the Director of Care indicated that 63 of the 130 staff working in the home did not receive training in the areas of the long term care home's policy to promote zero tolerance of abuse and neglect of residents or the requirement to make mandatory reports, in 2012. [s. 76. (1)]



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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 and ensuring that all staff receive annual retraining in the areas of the home's policy to promote zero tolerance of abuse and neglect of residents as well as the duty under section 24 to make mandatory reports, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation Every licensee of a long-term care home shall ensure,**

**(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;**

**(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;**

**(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;**

**(d) that the changes and improvements under clause (b) are promptly implemented; and**

**(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvement were required to prevent further occurrences, in relation to the following;[99(1)]

The Executive Director/Administrator confirmed that there had not been an evaluation to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents. [s. 99. (b)]



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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 and ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents and what changes and improvements were required to prevent further occurrences, to be implemented voluntarily.***

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**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 69. Duties of directors and officers of a corporation**

**Specifically failed to comply with the following:**

- s. 69. (1) Where a licensee is a corporation, every director and every officer of the corporation shall,**
- (a) exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances; and 2007, c. 8, s. 69. (1).**
  - (b) take such measures as necessary to ensure that the corporation complies with all requirements under this Act. 2007, c. 8, s. 69. (1).**

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**Findings/Faits saillants :**

1. The corporation management board and officers of the home did not take such measures as necessary to ensure that the corporation complied with all requirements under this Act, in relation to the following: [69(1)(b)]

The corporation management board chair person confirmed that the management board was unaware of non-compliance identified in the home and as a result took no action to ensure the home complied with the requirements under the Act. The management board chair person indicated that the board did not review Ministry inspection reports, did not require the Executive Director/Administrator to report non-compliance identified following Ministry inspections and had no knowledge of non-compliance that had been issued during Ministry inspections, including not being aware of ongoing non-compliance related to prevention of abuse and neglect of residents. [s. 69. (1) (b)]



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**WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.**

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**Findings/Faits saillants :**



1. The licensee did not develop and implement a quality improvement and utilization review system, in relation to the following: [84]

(a) The licensee did not implement a system to monitor and improve the quality of care to residents with respect to the prevention abuse. The licensee has not been successful in attaining compliance with respect to the duty to protect residents from abuse, respecting and promoting the residents right to be protected from abuse, ensuring the home's policy related to the promotion of zero tolerance of abuse and neglect met the requirements under the Act and ensuring that staff complied with this policy. Over a three year period there have been repeated non-compliance identified in these areas.

(b) The quality improvement program did not include a system to ensure there was a process in place to ensure that staff and volunteers in the home received training as required in the Act. Documents provided by the home at the time of this inspection confirmed that the home did monitor the participation of staff in mandatory training; however, there was not a system in place to ensure that staff who had not attended the scheduled training, received that training in some other format. Non-compliance was identified in relation to training requirements during this inspection.

c) The quality improvement program did not include a system to ensure that required programs were reviewed annually to ensure the identified programs comply with the requirements identified in the Act and the Regulation.

Two of two programs reviewed during the course of this inspection were not reviewed annually.

- The Director of Care confirmed that the an annual evaluation of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents and what changes and improvements were required to prevent further occurrences was not completed.

- The Volunteer Coordinator confirmed that the home had not completed an annual evaluation of the volunteer program to determine areas where services to residents could be improved and to review the programs compliance with this Act.

d) The Management Board chair person confirmed that there is not a quality program in the home that monitors the homes compliance with this Act, reviews non-compliance identified during Ministry inspections or monitors the implementation of plans developed to correct non-compliance identified. [s. 84.]

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**WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents**





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Specifically failed to comply with the following:

s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and

(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

---

**Findings/Faits saillants :**

1. The licensee did not ensure that resident #001's substitute decision-maker was notified within 12 hours upon becoming aware of a witnessed incident of abuse, in relation to the following: [97(1)(b)]

A staff person reported witnessing an incident of sexual abuse involving resident #001 to the Director of Care and the Executive Director/Administrator; however, the resident's substitute decision maker was not notified until four days after the incident. [s. 97. (1) (b)]

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**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 98. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 79/10, s. 98.**

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**Findings/Faits saillants :**



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1. The licensee did not ensure that the appropriated police force was immediately notified of a witnessed incident of sexual abuse related to resident #001, with respect to the following: [98]

The Executive Director/Administrator became aware of a witnessed incident of sexual abuse of a resident immediately after the incident. The Executive Director/Administrator and clinical records confirmed that police were not immediately notified of this incident. [s. 98.]

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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 212.  
Administrator**

**Specifically failed to comply with the following:**

**s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:**

- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

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**Findings/Faits saillants :**



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1. The licensee did not ensure the home's Administrator works regularly in that position on site at the home at least 35 hours per week, in relation to the following:  
[212(1) 3]

The Management Board chair person and the Executive Director/Administrator confirmed that the Administrator of the home holds dual responsibilities for the administration of Faith Manor as well as the overall administration of Holland Christian Homes Incorporated and this dual role would not allow the Administrator to work regularly in the position of Administrator of Faith Manor for a least 35 hours per week. The Executive Director/Administrator confirmed that his role within the corporation includes overall responsibility for two 120 bed Long Term Care Homes and a complex that includes 641 apartments over six buildings many of which have some form of assisted living arrangements including meals on wheels operations. In addition to the above noted corporate role the Executive Director/Administrator is also responsible to perform the role of the Administrator of Faith Manor Nursing Home a 120 bed long term care home. [s. 212. (1) 3.]

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**Issued on this 24th day of March, 2014**

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

*Phyllis Hiltz-Bontje*



Ministry of Health and  
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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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : PHYLLIS HILTZ-BONTJE (129)

Inspection No. /

No de l'inspection : 2013\_205129\_0014

Log No. /

Registre no: H-000632-13

Type of Inspection /

Genre  
d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Feb 3, 2014

Licensee /

Titulaire de permis : HOLLAND CHRISTIAN HOMES INC  
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON,  
L6Y-5A7

LTC Home /

Foyer de SLD : FAITH MANOR NURSING HOME  
7900 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON,  
L6Y-5A7

Name of Administrator /

Nom de l'administratrice  
ou de l'administrateur : JOHN KALVERDA

To HOLLAND CHRISTIAN HOMES INC, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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Pursuant to section 153 and/or  
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<b>Order # /</b> <b>Ordre no :</b> 001	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**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



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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 develop, implement and submit a plan to ensure that the right of all residents to be protected from abuse is fully respected and promoted.

The plan is to include, but not limited to the following:

- A plan and schedule of training to ensure that all people who provide care and services to residents receive training in relation to what constitutes abuse and specific strategies to prevent abuse.
- A plan and schedule of regular monitoring of staffs understanding of situations that may trigger abuse.
- A plan to ensure that all people who provide care and services to residents understand the obligation to report abuse as identified in the Act and the consequences of not reporting witnessed or suspected situations of abuse.

The plan is to be submitted on or before February 14, 2014 by mail to Phyllis Hiltz-Bontje at 119 King Street, West, 11th Floor, Hamilton, Ontario L8P 4Y7, or by email at [Phyllis.Hiltzbontje@Ontario.ca](mailto:Phyllis.Hiltzbontje@Ontario.ca).

**Grounds / Motifs :**





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1. Previously issued non-compliant on September 13, 2011 as a VPC and on May 11, 2012 as a WN
2. Resident #001 was sexually abused when on an identified date a person was noted to have placed their hands into resident's blouse and was rubbing the chest area. Resident #001's medical conditions would have prevented the resident from consenting to sexual touching. (129)

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

**Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2014**



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<b>Order # /</b> <b>Ordre no :</b> 002	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that residents are protected from abuse.

The plan is to include but is not limited to the following:

1. A system and schedule for monitoring volunteers providing services in the home.
2. A plan to ensure that all volunteers who provide services to the residents have been screened before providing those services.
3. A system to ensure that all staff receive annual retraining in relation to the homes policy to promote zero tolerance of abuse and neglect as well as the duty under section 24 to make mandatory reports.
4. The development and implementation of an orientation program for all volunteers who provide service to residents that includes the Resident's Bill of Rights, the home's policy to promote zero tolerance of abuse as well as the duty under section 24 to make mandatory reports.

The plan is to be submitted on or before February 14, 2014 to Phyllis Hiltz-Bontje by mail at 119 King Street, West, 11th Floor, Hamilton, Ontario L8P 4Y7 or by email at [Phyllis.Hiltzbontje@Ontario.ca](mailto:Phyllis.Hiltzbontje@Ontario.ca).

**Grounds / Motifs :**



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1. Previously identified as non-compliant on September 13, 2011 as a VPC and on May 11, 2012 as a CO.
2. A registered staff person working in the home witnessed a person abuse resident #001 on an identified date.
3. The licensee failed in their duty to protect this resident from abuse when:
  - a) The licensee did not implement screening measures that included criminal reference checks for 400 volunteers providing services to residents in the home.
  - b) The licensee did not ensure that volunteers were monitored in relation to the services that were being provided to residents.
  - c) The licensee did not ensure that all staff received annual retraining in the home's policy to promote zero tolerance of abuse and neglect and the duty under section 24 to make mandatory reports.
  - d) The licensee did not ensure that volunteers were provided with an orientation that included the long term care home's policy to promote zero tolerance of abuse and neglect of residents and the duty to make mandatory reports under section 24. (129)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2014**



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<b>Order # /</b> <b>Ordre no :</b> 003	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
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**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

- (a) shall provide that abuse and neglect are not to be tolerated;
- (b) shall clearly set out what constitutes abuse and neglect;
- (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
- (d) shall contain an explanation of the duty under section 24 to make mandatory reports;
- (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) shall set out the consequences for those who abuse or neglect residents;
- (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
- (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

**Order / Ordre :**

The licensee is to update the home's policy and procedures related to promoting zero tolerance of abuse and neglect of residents, to include the following:

- A explanation of a persons duty to immediately report a suspicion that abuse has occurred or may occur to the Director and a mechanism for persons to follow to ensure compliance.
- An explanation of the consequences of providing false information to the Director.
- An explanation of the reporting exemptions related to residents.
- An explanation of the duty to report for practitioners and others.
- An explanation of the consequences of failing to report to the Director.
- An explanation of the consequences for suppressing reports.
- An explanation of the requirement to immediately notify the appropriate police force of any allegation, suspected or witnessed incidents of abuse or neglect that may constitute a criminal offence.



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**Grounds / Motifs :**

1. Previously identified as non-compliant on March 14, 2011 as a WN and on May 11, 2012 as a WN.
2. The home's policy [Prevention, Reporting and Elimination of Abuse] did not provide an explanation of the duty under section 24 in relation to the following.
  - a) A person who has reasonable grounds to suspect that abuse has occurred or may occur shall immediately report the suspicions and the information upon which it is based to the Director. The home's policy directed staff that if they become aware of abuse or suspected abuse, the first person having knowledge of this shall immediately inform the Executive Director/Administrator and there are no further directions with respect to immediately reporting to the Director through the Critical Incident system or outside of business hours through the Ministry's emergency pager.
  - b) The consequences for providing false information to the Director.
  - c) The reporting exemptions related to residents.
  - d) The duty to report for practitioners and others.
  - e) The consequences of failing to report to the Director
  - f) The consequences of suppressing reports.
3. The home's policy did not contain additional information identified in the Regulations related to notification of police. The policy does not contain an explanation of the requirement to immediately notify the appropriate police force of any alleged, suspected or witnessed incidents of abuse or neglect that may constitute a criminal offence.

(129)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Mar 31, 2014



**Ministry of Health and  
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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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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](http://www.hsarb.on.ca).



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## 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<sup>e</sup> 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](http://www.hsarb.on.ca).

**Issued on this 3rd day of February, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

*P. Hiltz-Bontje*

**Name of Inspector /**

**Nom de l'inspecteur :**

PHYLLIS HILTZ-BONTJE

**Service Area Office /**

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