



**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 prévue  
le Loi de 2007 les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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## **Amended Public Copy/Copie modifiée du public de permis**

<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 22, 2016;	2016_200148_0036 (A1)	020128-16	Follow up

### **Licensee/Titulaire de permis**

THE OTTAWA JEWISH HOME FOR THE AGED  
10 Nadolny Sachs Private Ottawa-Carleton ON K2A 4G7

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

HILLEL LODGE  
10 NADOLNY SACHS PRIVATE OTTAWA ON K2A 4G7

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

AMANDA NIXON (148) - (A1)

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

**The licensee requested an extension to the Compliance Order due date, as staff training on the revised policy has yet to take place. The licensee has provided assurance that the training of all staff on the revised policy to promote zero tolerance of abuse and neglect of residents will be completed by January 31, 2017.**



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**Issued on this 22 day of December 2016 (A1)**

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

**Original report signed by the inspector.**



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

AMANDA NIXON (148) - (A1)

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



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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): October 17- 20, 2016**

**This follow up inspection included Compliance Order #001, issued June 29, 2016, Inspection #2016\_287548\_0014.**

**During the course of the inspection, the inspector(s) spoke with the home's Administrator (ED/CEO), Director of Care (DOC), Director of Social Work and Program Support Services (DSWPS), Director of Environmental Services, Food Service Manager, RAI Coordinator, Administrative Secretary, Registered nursing staff, Personal Support Workers, Laundry Aides, Therapy staff, Dietary Aides and residents.**

**The Inspector also reviewed the licensee's policy to promote zero tolerance of abuse, training materials and attendance records related to abuse and neglect training in the home, departmental schedules and required information package for new admissions. The Inspector also observed posting of required information.**

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

**Prevention of Abuse, Neglect and Retaliation**



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

- 5 WN(s)
- 1 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>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 LTCHA, 2007, 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).**

**Findings/Faits saillants :**

The licensee has failed to ensure that residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

On June 29, 2016, the licensee was served a Compliance Order (Order) in relation to the licensee failing to protect residents from sexual abuse, under LTCHA, 2007, s.19. The grounds of the Order described the alleged sexual abuse of four residents by another co-resident and the licensee failing to protect residents from the alleged sexual abuse. The Order required the licensee to prepare, submit and implement a plan which was to include the following:

1. Reporting requirements, specifically the duty under s.24 to make mandatory reports,
2. Notification regarding incidents of abuse, specifically notification of the appropriate police force,
3. The licensee's requirement to immediately investigate, respond and act to alleged, suspected or witnessed abuse or neglect,
4. Revisions to the home's policy to promote zero tolerance of abuse and neglect of residents, specifically those listed under s.20 of the Act,
5. Retraining of all staff, and
6. Development of a monitoring process related to staff training.

The plan was to be submitted to Inspector #548 no later than July 13, 2016. A 19 page package was faxed to Inspector #548 on July 18, 2016, from the Director of Care as the licensee's plan for the Order. The package included a copy of the home's Zero-Tolerance of Abuse & Neglect policy, with implementation date of July 14, 2016. Appendix B of this policy including the Ministry of Health and Long Term Care developed abuse/neglect decision trees and an additional resource describing what may constitute a criminal offence as it relates to abuse and neglect. Lastly, the package included a document titled Abuse and Neglect Training, noting the lead as the Director of Social Work, Program & Support Services. The document describes the training plan to include training dates of July



26 and 27 and September 19 and 20, 2016, with in service training available online through the Surge Learning program by August 31, 2016. The compliance date for the Order was September 30, 2016.

On entry to the home on October 17, 2016, Inspector #148 met with the DOC to review the contents of the Order and plan sent on July 18, 2016. The DOC described that the licensee's measures to comply with the Order, included an update of the licensee's policy to promote zero tolerance of abuse and neglect of residents (abuse and neglect policy). She then described that the abuse and neglect policy was used to form the basis of the training provided to staff. It was confirmed that the DSWPS, was the lead for the development and implementation of the training program that was delivered to staff. The DOC indicated that she believed the policy to contain all the requirements of the Act and that 99% of all staff had received trained on the abuse and neglect policy.

Inspector #148 was provided a copy of the licensee's abuse and neglect policy. The document provided included the following three policies:

1. Zero-tolerance of Abuse and Neglect, implemented July 14, 2016, Quality Management 2016/ZTAN,
2. Procedure for the Prevention, Reporting, Investigation and Management of Abuse and Neglect, implemented July 15, 2016, Quality Management 2016/PAN, and
3. Abuse and Neglect Evaluation Policy & Procedures, implemented July 15, 2016, Quality Management 2016/ANEP.

The Inspector reviewed all three documents as the policy to promote zero tolerance of abuse and neglect of residents. The abuse and neglect policy describes, in part, that the Ministry of Health and Long Term Care (MOHLTC) is to be notified of abuse and specifically notes the process to be used by registered nursing staff in their reporting to the MOHLTC. However, the abuse and neglect policy does not include an explanation of the duty under section 24 to make mandatory reports, in that a person with reasonable grounds to suspect that abuse, neglect, improper/incompetent care, unlawful conduct, misappropriation of resident money or funding, has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

The abuse and neglect policy contains immediate actions to be taken by registered staff including notifications of appropriate persons and outlines actions to be taken by the DOC/Designate including submitting reports to the MOHTLC and





determining if the alleged abuse meets the definition of the policy. However, the abuse and neglect policy does not contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

In addition to the above, the abuse and neglect policy denotes that the resident's substitute decision maker (SDM) is notified of an incident of abuse within 12 hours. There is no content in the abuse and neglect policy that describes the notification of the SDM immediately of an alleged, suspected or witnessed incident of abuse or neglect that resulted in physical injury or pain that causes the resident distress potentially detrimental to the resident's health condition, as described by section 97 of the Regulations. Also, as described within the same regulation, the abuse and neglect policy denotes notifying the MOHLTC of the results of the licensee's investigation but did not include that the SDM is to be notified of the results of the investigation.

In addition, non-compliance has been identified in this report under section 96 of the Regulations, describing that the licensee's abuse and neglect policy lacks procedures and interventions to deal with persons who have allegedly abused or neglected residents and does not identify the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation.

The licensee did not comply with the requirements set out by the Compliance Order issued June 29, 2016, whereby the licensee did not revise the policy to promote zero tolerance of abuse to include provisions set out by section 20 of the Act. In addition, the abuse and neglect policy is also deficient in requirements set out by section 96 of the Regulations.

On October 18, 2016, the Inspector spoke with the DSWPS. The DSWPS indicated that both she and the DOC developed and implemented the abuse and neglect policy of July 2016. She further confirmed that this policy was newly implemented and effectively replaced the licensee's previous policy that would have been reviewed by Inspector #548 in relation to the Order of June 29, 2016. The DSWPS also confirmed that she had provided classroom training on the abuse and neglect policy on July 26 and September 20 and 21, 2016. She noted it was after the last classroom training that the power point slides (based on the abuse and neglect policy and used to conduct the classroom training) were posted on Serge Learning for staff members who were not able to attend the classroom training.





On initial discussions on October 17 and 18, 2016, with the DOC and DSWPS, it was identified that the Administrative Secretary has been tracking staff education and would be able to provide a list of staff who have been provided training on abuse and neglect. On October 17, 2016, the Administrative Secretary provided the Inspector with a document extracted from Serge Learning that listed course completion for the abuse and neglect policy. The Inspector confirmed with the Administrative Secretary that the document provided listed all staff members who have completed the training both in classroom and online.

Upon initial review of the master training list, it was noted that 18 staff members had taken the abuse and neglect training after the Order compliance date of September 30, 2016. Of those, 18 staff members, six were listed as having taken the education on or after October 11, 2016.

Inspector #148 reviewed the department schedules for environmental, dietary, therapy services and nursing and compared the master training list with names on the provided schedules. A list of staff members not recorded as having completed the abuse and neglect training, was compiled by the Inspector. The Inspector spoke with at least one staff member identified on the list, from each department and confirmed that they had not received training on the licensee's newly implemented abuse and neglect policy. The Inspector approached the DOC, regarding the compiled staff list, the DOC indicated that it would be best to speak with the Administrative Secretary regarding this list. In discussion with the Administrative Secretary, she noted she is not responsible to track which staff members have or have not completed the training and advised the Inspector to speak with the managers of each department.

The Inspector approached each department manager including the Director of Environmental Services, Food Service Manager, Director of Social Work, Program and Support Services and Director of Care, with the list of identified staff members not recorded as having completed the abuse and neglect training. In discussion, none of the four managers interviewed were aware of the training deficiencies in their department. With the exception of leaves of absence, the managers could not account for why the identified staff in their department had not been provided the required abuse and neglect training. When monitoring of staff education was discussed, it was identified that the managers of the department are not responsible for monitoring the required education of staff members.

As demonstrated by the Inspectors review of documents provided and



staff/management interviews, a total of 29 staff members were identified as not having received training on the newly implemented policy to promote zero tolerance of abuse and neglect, as of October 18, 2016.

The licensee did not comply with the requirements set out by the Compliance Order issued June 29, 2016, whereby staff were not provided with training as required by the compliance date of September 30, 2016. In addition, the licensee was not aware of the number of staff members who had not yet completed the training, as no monitoring system had been established, as required by the Order.

In addition, as identified by non-compliance in this report under section 20 of the Act, the licensee's also failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents was communicated to all staff, residents and residents' substitute decision-makers. As noted in the above findings, the abuse and neglect policy was not communicated to all staff. In addition, the licensee has not ensured that the newly implement abuse and neglect policy has been communicated to all residents and resident's substitute decision makers. In discussion with both the DOC and DSWPS, the DSWPS indicated that the July 2016 abuse and neglect policy was shared at the last Resident Council meeting (where attendance may be 5-15 residents). It was determined that effort has not been made to communicate the newly implemented abuse and neglect policy to all residents and/or substitute decision makers. Further to this, and as described by non-compliance in this report related to section 78 and 79 of the Act, the licensee has also not ensured that the abuse and neglect policy are made available through the required information package on admission nor through required postings in the home.

This inspection did not demonstrate any further incident of alleged sexual abuse in the home, however, due to the licensee's compliance history, failure to comply with the Compliance Order of June 29, 2016 and the wide spread nature of the above findings, a subsequent Compliance Order will be issued under section 19 of the Act. [s. 19. (1)]

***Additional Required Actions:***



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

**(A1)The following order(s) have been amended:CO# 001**

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**WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 20. Policy to promote zero tolerance**

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

**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).**

**s. 20. (3) Every licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision-makers. 2007, c. 8, s. 20 (3).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents, at a minimum, contains all requirements described by section 20 (2) of the Act and that the policy to promote zero tolerance of abuse and neglect of resident is communicated to all staff, residents and substitute decision makers.

In response to a Compliance Order issued on June 29, 2016, the licensee implemented a new policy to promote zero tolerance of abuse and neglect of residents (abuse and neglect policy). Inspector #148 was provided a copy of the licensee's abuse and neglect policy. The document provided included the following three policies:

1. Zero-tolerance of Abuse and Neglect, implemented July 14, 2016, Quality Management 2016/ZTAN,
2. Procedure for the Prevention, Reporting, Investigation and Management of Abuse and Neglect, implemented July 15, 2016, Quality Management 2016/PAN, and
3. Abuse and Neglect Evaluation Policy & Procedures, implemented July 15, 2016, Quality Management 2016/ANEP.

The Inspector reviewed all three documents as the policy to promote zero tolerance of abuse and neglect of residents. The abuse and neglect policy describes, in part, that the Ministry of Health and Long Term Care (MOHLTC) is to be notified of abuse and specifically notes the process to be used by registered nursing staff in their reporting to the MOHLTC. However, the abuse and neglect policy does not include an explanation of the duty under section 24 to make mandatory reports, in that a person with reasonable grounds to suspect that abuse, neglect, improper/incompetent care, unlawful conduct, misappropriation of resident money or funding, has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

The abuse and neglect policy contains immediate actions to be taken by registered staff including notifications of appropriate persons and outlines actions to be taken by the DOC/Designate including submitting reports to the MOHTLC and determining if the alleged abuse meets the definition of the policy. However, the abuse and neglect policy does not contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

In addition to the above, the abuse and neglect policy denotes that the resident's



substitute decision maker (SDM) is notified of an incident of abuse within 12 hours. There is no content in the abuse and neglect policy that describes the notification of the SDM immediately of an alleged, suspected or witnessed incident of abuse or neglect that resulted in physical injury or pain that causes the resident distress potentially detrimental to the resident's health condition, as described by section 97 of the Regulations. Also, as described within the same regulation, the abuse and neglect policy denotes notifying the MOHLTC of the results of the licensee's investigation but did not include that the SDM is to be notified of the results of the investigation.

As required by LTCHA, 2007, s.20(3), the licensee's policy to promote zero tolerance of abuse and neglect of residents is to be communicated to all staff, residents and residents' substitute decision-makers. As demonstrated by the non-compliance identified in this report under section 19 of the Act, the licensee failed to communicate the abuse and neglect policy to all staff. In addition, the licensee has not ensured that the newly implement abuse and neglect policy has been communicated to all residents and resident's substitute decision makers. In discussion with both the DOC and DSWPS, the DSWPS indicated that the July 2016 abuse and neglect policy was shared at the last Resident Council meeting (where attendance may be 5-15 residents). It was determined that effort has not been made to communicate the newly implemented abuse and neglect policy to all residents and/or substitute decision makers. As described by non-compliance in this report related to section 78 and 79 of the Act, the licensee has also not ensured that the abuse and neglect policy are made available through the required information package on admission nor through required postings in the home. [s. 20.]

***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 policy to promote zero tolerance of abuse and neglect of residents is communicated to all staff, residents and residents' substitute decision makers, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 78. Information for residents, etc.**

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

**s. 78. (2) The package of information shall include, at a minimum,**

**(a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)**

**(b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)**

**(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)**

**(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)**

**(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)**

**(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 78 (2)**

**(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained; 2007, c. 8, s. 78 (2)**

**(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)**

**(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**

**(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home; 2007, c. 8, s. 78 (2)**

**(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges; 2007, c. 8, s. 78 (2)**

**(l) a list of what is available in the long-term care home for an extra charge, and**





**the amount of the extra charge; 2007, c. 8, s. 78 (2)**

**(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs; 2007, c. 8, s. 78 (2)**

**(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents; 2007, c. 8, s. 78 (2)**

**(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)**

**(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations; 2007, c. 8, s. 78 (2)**

**(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)**

**(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that the package of information provided to a resident and to the substitute decision maker, if any, at the time the resident is admitted shall include, at a minimum, the long term care home's policy to promote zero tolerance of abuse and neglect of residents.

Inspector #148 was provided a copy of the licensee's newly implemented policy to promote zero tolerance of abuse and neglect of residents. The document provided included the following three policies:

1. Zero-tolerance of Abuse and Neglect, implemented July 14, 2016, Quality Management 2016/ZTAN,
2. Procedure for the Prevention, Reporting, Investigation and Management of Abuse and Neglect, implemented July 15, 2016, Quality Management 2016/PAN, and
3. Abuse and Neglect Evaluation Policy & Procedures, implemented July 15, 2016, Quality Management 2016/ANEP.

The Inspector spoke with the DSWPS, who is responsible for resident admission information packages in the home and observed an information package as provided to the resident and/or substitute decision maker. It was demonstrated that within the Resident Handbook provided is a paragraph describing the abuse and neglect policy, however, the abuse and neglect policy is not included in the information package. The DSWPS indicated the inclusion of the abuse and neglect policy has not been the home's practice. [s. 78. (2) (c)]

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**WN #4: The Licensee has failed to comply with LTCHA, 2007, s. 79. Posting of information**



Specifically failed to comply with the following:

**s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**

- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)**
- (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)**
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)**
- (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)**
- (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)**
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)**
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)**
- (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)**
- (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)**
- (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)**
- (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)**
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)**
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)**
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)**
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)**
- (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)**
- (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the long term care home's policy to promote zero tolerance of abuse and neglect of residents is posted in the home.

Inspector #148 was provided a copy of the licensee's newly implemented policy to promote zero tolerance of abuse and neglect of residents. The document provided included the following three policies:

1. Zero-tolerance of Abuse and Neglect, implemented July 14, 2016, Quality Management 2016/ZTAN,
2. Procedure for the Prevention, Reporting, Investigation and Management of Abuse and Neglect, implemented July 15, 2016, Quality Management 2016/PAN, and
3. Abuse and Neglect Evaluation Policy & Procedures, implemented July 15, 2016, Quality Management 2016/ANEP.

Upon observation of the home's posting of required information, it was demonstrated that the Zero Tolerance Policy on Abuse dated 2015, was posted in the home. This policy was identified to not comply with the requirements of the Act during an inspection and subsequent Compliance Order in June 2016. The licensee has not posted the newly implemented abuse and neglect policy. [s. 79.

(3) (c)]

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance**

**Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,**

**(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**  
**(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**

**(c) identifies measures and strategies to prevent abuse and neglect;**  
**(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**  
**(e) identifies the training and retraining requirements for all staff, including,**  
**(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**  
**(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents contains procedures and interventions to deal with persons who have abuse or neglected or allegedly abused or neglected residents.

Inspector #148 was provided a copy of the licensee's policy to promote zero tolerance of abuse and neglect of residents. The document provided included the following three policies:

1. Zero-tolerance of Abuse and Neglect, implemented July 14, 2016, Quality Management 2016/ZTAN,
2. Procedure for the Prevention, Reporting, Investigation and Management of Abuse and Neglect, implemented July 15, 2016, Quality Management 2016/PAN, and
3. Abuse and Neglect Evaluation Policy & Procedures, implemented July 15, 2016,



Quality Management 2016/ANEP.

The Inspector reviewed all three documents as the policy to promote zero tolerance of abuse and neglect of residents. The abuse and neglect policy includes a comment that for those staff members alleged to have caused abuse or neglect are to understand the consequences of being responsible for abuse or neglect of residents. Further to this, the abuse and neglect policy does describe consequences for anyone responsible for abuse or neglect of a resident. The abuse and neglect policy does not contain procedures and interventions to deal with person who have allegedly abused or neglected residents. [s. 96. (b)]

2. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation.

The abuse and neglect policy contains immediate actions to be taken by registered staff including notifications of appropriate persons and outlines actions to be taken by the DOC/Designate including submitting reports to the MOHLTC and determining if the alleged abuse meets the definition of the policy. However, the abuse and neglect policy does not identify the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation. [s. 96. (d)]

3. The licensee also failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents includes training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care. [s. 96. (e)]



**Ministry of Health and  
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**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection prévue  
le Loi de 2007 les foyers de  
soins de longue durée**

**Issued on this 22 day of December 2016 (A1)**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**Ministère de la Santé et des  
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**Order(s) of the Inspector**

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

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Aux termes de l'article 153 et/ou de  
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**Long-Term Care Homes Division  
Long-Term Care Inspections Branch  
Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St, Suite 420  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston, bureau 420  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Amended Public Copy/Copie modifiée du public de permis**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** AMANDA NIXON (148) - (A1)

**Inspection No. /**

**No de l'inspection :** 2016\_200148\_0036 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** 020128-16 (A1)

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Dec 22, 2016;(A1)

**Licensee /**

**Titulaire de permis :** THE OTTAWA JEWISH HOME FOR THE AGED  
10 Nadolny Sachs Private, Ottawa-Carleton, ON,  
K2A-4G7

**LTC Home /**

**Foyer de SLD :** HILLEL LODGE  
10 NADOLNY SACHS PRIVATE, OTTAWA, ON,  
K2A-4G7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Stephen Schneiderman





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To THE OTTAWA JEWISH HOME FOR THE AGED, you are hereby required to  
comply with the following order(s) by the date(s) set out below:

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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) (a)
<b>Linked to Existing Order /</b> <b>Lien vers ordre existant:</b>	2016_287548_0014, CO #001;

**Pursuant to / Aux termes de :**

LTCHA, 2007, 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 :**



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The licensee shall ensure that the policy to promote zero tolerance of abuse and neglect of residents is revised to contain, at a minimum, the requirements set out by LTCHA 2007, s.20(2) and O.Regulation 79/10, s.96, specifically:

- the duty under section 24 of the Act to make mandatory reports,
- procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents,
- notification of the substitute decision maker in accordance with O.Regulation 79/10, s 97,
- procedures and interventions to deal with persons who have abuse or neglected or allegedly abused or neglected residents, and
- the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation.

The licensee will ensure that all staff members are provided with training on the revised policy to promote zero tolerance of abuse and neglect of residents.

The licensee will ensure that a monitoring process is put in place to ensure that all staff members are provided with training on the revised policy to promote zero tolerance of abuse and neglect of residents. The monitoring process will include ongoing monitoring of staff training on orientation and annually thereafter.

**Grounds / Motifs :**

1. The licensee has failed to ensure that residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

On June 29, 2016, the licensee was served a Compliance Order (Order) in relation to the licensee failing to protect residents from sexual abuse, under LTCHA, 2007, s.19. The grounds of the Order described the alleged sexual abuse of four residents by another co-resident and the licensee failing to protect residents from the alleged sexual abuse. The Order required the licensee to prepare, submit and implement a plan which was to include the following:

1. Reporting requirements, specifically the duty under s.24 to make mandatory reports,



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2. Notification regarding incidents of abuse, specifically notification of the appropriate police force,
3. The licensee's requirement to immediately investigate, respond and act to alleged, suspected or witnessed abuse or neglect,
4. Revisions to the home's policy to promote zero tolerance of abuse and neglect of residents, specifically those listed under s.20 of the Act,
5. Retraining of all staff, and
6. Development of a monitoring process related to staff training.

The plan was to be submitted to Inspector #548 no later than July 13, 2016. A 19 page package was faxed to Inspector #548 on July 18, 2016, from the Director of Care as the licensee's plan for the Order. The package included a copy of the home's Zero-Tolerance of Abuse & Neglect policy, with implementation date of July 14, 2016. Appendix B of this policy including the Ministry of Health and Long Term Care developed abuse/neglect decision trees and an additional resource describing what may constitute a criminal offence as it relates to abuse and neglect. Lastly, the package included a document titled Abuse and Neglect Training, noting the lead as the Director of Social Work, Program & Support Services. The document describes the training plan to include training dates of July 26 and 27 and September 19 and 20, 2016, with in service training available online through the Surge Learning program by August 31, 2016. The compliance date for the Order was September 30, 2016.

On entry to the home on October 17, 2016, Inspector #148 met with the DOC to review the contents of the Order and plan sent on July 18, 2016. The DOC described that the licensee's measures to comply with the Order, included an update of the licensee's policy to promote zero tolerance of abuse and neglect of residents (abuse and neglect policy). She then described that the abuse and neglect policy was used to form the basis of the training provided to staff. It was confirmed that the DSWPS, was the lead for the development and implementation of the training program that was delivered to staff. The DOC indicated that she believed the policy to contain all the requirements of the Act and that 99% of all staff had received trained on the abuse and neglect policy.

Inspector #148 was provided a copy of the licensee's abuse and neglect policy. The document provided included the following three policies:

1. Zero-tolerance of Abuse and Neglect, implemented July 14, 2016, Quality Management 2016/ZTAN,



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2. Procedure for the Prevention, Reporting, Investigation and Management of Abuse and Neglect, implemented July 15, 2016, Quality Management 2016/PAN, and
3. Abuse and Neglect Evaluation Policy & Procedures, implemented July 15, 2016, Quality Management 2016/ANEP.

The Inspector reviewed all three documents as the policy to promote zero tolerance of abuse and neglect of residents. The abuse and neglect policy describes, in part, that the Ministry of Health and Long Term Care (MOHLTC) is to be notified of abuse and specifically notes the process to be used by registered nursing staff in their reporting to the MOHLTC. However, the abuse and neglect policy does not include an explanation of the duty under section 24 to make mandatory reports, in that a person with reasonable grounds to suspect that abuse, neglect, improper/incompetent care, unlawful conduct, misappropriation of resident money or funding, has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

The abuse and neglect policy contains immediate actions to be taken by registered staff including notifications of appropriate persons and outlines actions to be taken by the DOC/Designate including submitting reports to the MOHTLC and determining if the alleged abuse meets the definition of the policy. However, the abuse and neglect policy does not contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.

In addition to the above, the abuse and neglect policy denotes that the resident's substitute decision maker (SDM) is notified of an incident of abuse within 12 hours. There is no content in the abuse and neglect policy that describes the notification of the SDM immediately of an alleged, suspected or witnessed incident of abuse or neglect that resulted in physical injury or pain that causes the resident distress potentially detrimental to the resident's health condition, as described by section 97 of the Regulations. Also, as described within the same regulation, the abuse and neglect policy denotes notifying the MOHLTC of the results of the licensee's investigation but did not include that the SDM is to be notified of the results of the investigation.

In addition, non-compliance has been identified in this report under section 96 of the Regulations, describing that the licensee's abuse and neglect policy lacks procedures and interventions to deal with persons who have allegedly abused or neglected residents and does not identify the manner in which allegations of abuse



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and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation.

The licensee did not comply with the requirements set out by the Compliance Order issued June 29, 2016, whereby the licensee did not revise the policy to promote zero tolerance of abuse to include provisions set out by section 20 of the Act. In addition, the abuse and neglect policy is also deficient in requirements set out by section 96 of the Regulations.

On October 18, 2016, the Inspector spoke with the DSWPS. The DSWPS indicated that both she and the DOC developed and implemented the abuse and neglect policy of July 2016. She further confirmed that this policy was newly implemented and effectively replaced the licensee's previous policy that would have been reviewed by Inspector #548 in relation to the Order of June 29, 2016. The DSWPS also confirmed that she had provided classroom training on the abuse and neglect policy on July 26 and September 20 and 21, 2016. She noted it was after the last classroom training that the power point slides (based on the abuse and neglect policy and used to conduct the classroom training) were posted on Serge Learning for staff members who were not able to attend the classroom training.

On initial discussions on October 17 and 18, 2016, with the DOC and DSWPS, it was identified that the Administrative Secretary has been tracking staff education and would be able to provide a list of staff who have been provided training on abuse and neglect. On October 17, 2016, the Administrative Secretary provided the Inspector with a document extracted from Serge Learning that listed course completion for the abuse and neglect policy. The Inspector confirmed with the Administrative Secretary that the document provided listed all staff members who have completed the training both in classroom and online.

Upon initial review of the master training list, it was noted that 18 staff members had taken the abuse and neglect training after the Order compliance date of September 30, 2016. Of those, 18 staff members, six were listed as having taken the education on or after October 11, 2016.

Inspector #148 reviewed the department schedules for environmental, dietary, therapy services and nursing and compared the master training list with names on the provided schedules. A list of staff members not recorded as having completed the abuse and neglect training, was compiled by the Inspector. The Inspector spoke





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with at least one staff member identified on the list, from each department and confirmed that they had not received training on the licensee's newly implemented abuse and neglect policy. The Inspector approached the DOC, regarding the complied staff list, the DOC indicated that it would be best to speak with the Administrative Secretary regarding this list. In discussion with the Administrative Secretary, she noted she is not responsible to track which staff members have or have not completed the training and advised the Inspector to speak with the managers of each department.

The Inspector approached each department manager including the Director of Environmental Services, Food Service Manager, Director of Social Work, Program and Support Services and Director of Care, with the list of identified staff members not recorded as having completed the abuse and neglect training. In discussion, none of the four managers interviewed were aware of the training deficiencies in their department. With the exception of leaves of absence, the managers could not account for why the identified staff in their department had not been provided the required abuse and neglect training. When monitoring of staff education was discussed, it was identified that the managers of the department are not responsible for monitoring the required education of staff members.

As demonstrated by the Inspectors review of documents provided and staff/management interviews, a total of 29 staff members were identified as not having received training on the newly implemented policy to promote zero tolerance of abuse and neglect, as of October 18, 2016.

The licensee did not comply with the requirements set out by the Compliance Order issued June 29, 2016, whereby staff were not provided with training as required by the compliance date of September 30, 2016. In addition, the licensee was not aware of the number of staff members who had not yet completed the training, as no monitoring system had been established, as required by the Order.

In addition, as identified by non-compliance in this report under section 20 of the Act, the licensee's also failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents was communicated to all staff, residents and residents' substitute decision-makers. As noted in the above findings, the abuse and neglect policy was not communicated to all staff. In addition, the licensee has not ensured that the newly implement abuse and neglect policy has been communicated to all residents and resident's substitute decision makers. In discussion with both the DOC



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and DSWPS, the DSWPS indicated that the July 2016 abuse and neglect policy was shared at the last Resident Council meeting (where attendance may be 5-15 residents). It was determined that effort has not been made to communicate the newly implemented abuse and neglect policy to all residents and/or substitute decision makers. Further to this, and as described by non-compliance in this report related to section 78 and 79 of the Act, the licensee has also not ensured that the abuse and neglect policy are made available through the required information package on admission nor through required postings in the home.

This inspection did not demonstrate any further incident of alleged sexual abuse in the home, however, due to the licensee's compliance history, failure to comply with the Compliance Order of June 29, 2016 and the wide spread nature of the above findings, a subsequent Compliance Order will be issued under section 19 of the Act.

[s. 19. (1)]

(148)

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

Jan 31, 2017(A1)





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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  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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



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

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

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

**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  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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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.

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  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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 22 day of December 2016 (A1)**

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

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

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