Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: May 15, 2024

Inspection Number: 2024-1117-0003

Inspection Type:
Critical Incident
Follow up

Licensee: peopleCare Communities Inc.

Long Term Care Home and City: peopleCare Hilltop Manor Cambridge, Cambridge

Lead Inspector	**Inspector Digital Signature**
Janis Shkilnyk (706119)	Janis M Shkilnyk Digitally signed by Janis M Shkilnyk Date: 2024.05.29 11:30:30 -04'00'

Additional Inspector(s)
Julia Boakye-Ansah #000862

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 11-12, 16-19, 29-30, 2024

The following intake(s) were inspected:

- Intake: #00110306 -related to a disease outbreak
- Intake: #00110753 - Follow-up #: 1 - FLTCA, 2021 - s. 3 (1) 6.
- Intake: #00112003 - related to an allegation of resident abuse
- Intake: #00115194 - related to an allegation of resident abuse

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:
Order #001 from Inspection #2024-1117-0002 related to FLTCA, 2021, s. 3 (1) 6. inspected by Janis Shkilnyk #706119
The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices
Reporting and Complaints
Resident Charges and Trust Accounts

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee must comply

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with an order under the Act.

Rationale and Summary

A compliance order under the FLTCA, s. 3 (6) was issued to the home. The home

was to ensure all members of the management team received education in matters related to the Residents' Bill of Rights.

The acting Executive Director (ED) stated that they had not attended the required education as they were unaware, they were to do so.

The education sign-off sheet did not show the acting ED as attending the required education.

When the home did not ensure that all management attended the required education related to the Residents' Bill of Rights there may have been a missed opportunity to ensure a complete understanding of the information.

Sources:

Inspection report #2024_1117_0002, sign off sheet, interviews with acting ED.

[706119]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
FLTCA, s. 104 (4) Licensee must comply
This is the first AMP that has been issued to the licensee for failing to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Trust accounts

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 286 (7) (f)
Trust accounts
s. 286 (7) The licensee shall,
(f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement; and

The licensee failed to provide residents and families, a quarterly itemized written statement, including deposits and withdrawals and the balance of the resident's trust account.

Rationale and Summary

Documentation indicated that there had been a change in the home's process and itemized trust account statements were only being given to residents and families on request. This had been occurring for months.

A staff member stated that only a balance amount statement was given to families and residents for their trust account and that they had been unaware of the requirement to provide residents and families with quarterly itemized statement of their resident trust account.

The acting Executive Director acknowledged that residents and families had not been receiving itemized quarterly trust account statements.

When the home did not provide an itemized trust account statement to residents and families quarterly there was a missed opportunities to identify discrepancies which could have resulted in financial impact to the resident.

Sources:

Interviews with acting ED, staff member, written statement from a staff member.

[706119]

WRITTEN NOTIFICATION: Complaints procedure — licensee

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure a written complaint from a family member related to a resident was immediately forwarded to the Director.

Rationale and Summary

A written complaint was received by the home regarding a resident. The complaint was not forwarded to the Director.

The acting Executive Director (ED) stated that the email complaint had not been submitted to the Director.

By not ensuring the Director was notified of the written complaint, the Director was not alerted to potential impact to a resident and delayed a response from the Director.

Sources:

e-mail communication between the complainant and the licensee, home's complaint binder, complaint record form and interview with acting Executive Director.

706119]

WRITTEN NOTIFICATION: Dealing with complaints

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1)

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response

that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. The response provided to a person who made a complaint shall include,

i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

ii. an explanation of,

A. what the licensee has done to resolve the complaint, or

B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and

iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

The licensee failed to ensure that every verbal complaint made to the licensee or staff member related to residents was dealt with.

Summary and Rationale

Staff provided written statements to the licensee documenting resident and family complaints. The home did not investigate and respond within 10 business days.

The acting Executive Director (ED) stated that the home's complaint process had not been completed related to these resident and family complaints.

When the home failed to respond to these resident and family complaints there was potential impact to the residents including a delay in investigating and analyzing of the root cause of their concerns, and a delay in responding.

Sources:

review of complaint log. written statements of staff members, interview with acting ED

[706119]

WRITTEN NOTIFICATION: Exceptions

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 254 (4)
Exceptions
s. 254 (4) If a staff member is hired or a volunteer is accepted during a pandemic and no police record check that complies with subsections 252 (2) and (3) was provided to the licensee, the licensee shall ensure that a such police record check is provided to the licensee within three months after the staff member was hired or the volunteer was accepted, and the licensee shall keep the results of the record check in accordance with the requirements in section 278 or 279 as applicable.

The licensee has failed to ensure that during a pandemic, staff members had a police record check submitted to the home within three months after being hired.

Rationale and Summary

A staff member was hired during the pandemic. There was no police record check found in their employee file.

Another staff member stated that they had been hired by the home during the pandemic. There was no police record check found in their employee file.

The acting Executive Director (ED) confirmed there was no police record check on file for the staff members.

The home's failure to ensure that staff members police record check had been submitted to the home within three months after hire was a potential risk to residents. The home might not have been aware of any history of criminal offenses.

Sources:

Interview with acting ED, review of staff members employee file.

[706119]

WRITTEN NOTIFICATION: CMOH and MOH

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that all applicable directives, orders, guidance,

advice or recommendations issued by the Chief Medical Officer of Health, or a medical officer of health appointed under the Health Protection and Promotion Act were followed in the home.

The Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, April 2024, stated contact precautions, are carried out in addition to Routine Practices when infections caused by organisms transmitted by these routes are suspected or diagnosed. They include the use of Personal Protective Equipment (PPE) (e.g., gowns, gloves, masks, eye protection) to prevent or limit the transmission of the infectious agent to those who may transmit the agent to others.

Rationale and Summary

A resident was on additional precautions as they were positive for an infectious disease. Their care plan documented additional PPE precautions for the resident.

Two staff were observed providing direct care to the resident. The staff were not wearing the additional PPE required.

Staff stated they should wear additional PPE when providing direct care to a resident on precautions.

The IPAC Lead stated they would expect staff to wear correct PPE for a resident on additional precautions.

Failure to don the appropriate PPE for additional precautions when caring for the resident may have increased the potential risk for spread of infectious disease pathogens.

Sources:

Observation, interview with staff members, review of a resident clinical record, The Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, April 2024

[706119]

COMPLIANCE ORDER CO #001 Licensee must investigate, respond and act

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone,

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

a) Conduct an audit of all critical incidents submitted to the Director in 2023 and up to March 1, 2024, of alleged, suspected or witnessed abuse to ensure an investigation was immediately commenced. The audit must include a record of the incidents, whether an investigation was commenced immediately for these incidents, and what corrective actions were taken. Record the date of the audit, the name and designation of the person conducting the audit, and any follow up actions completed.

b) Ensure all managers are provided education in relation to when and how an investigation

for an allegation of resident abuse is to occur. This training should include review of the home's investigation process policy. A record of this training must be kept in the home and include the date and time training was provided, attendees and outline of the course content.

Grounds

The licensee has failed to ensure that every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, was immediately investigated when the home became aware of allegations of financial abuse of a resident.

Rationale and Summary

It was alleged a staff member financially abused a resident. One week later the home commenced their abuse investigation into this allegation.

Acting Executive Director (ED) stated that an allegation of resident abuse investigation should be commenced immediately.

When the home did not immediately investigate an allegation of financial abuse from a staff member towards a resident there was further impact to the resident and a delay impacting the ability to track down funds missing.

Sources:

Review of Critical Incident, home's investigation report, interviews with staff.

[706119]

This order must be complied with by July 15, 2024

COMPLIANCE ORDER CO #002 Police notification

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service 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. 246/22, s. 105, 390 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

a) Conduct an audit of all critical incidents submitted to the Director in 2023 of alleged, suspected or witnessed abuse to ensure police are immediately contacted for those incidents where a criminal offence may have been committed. The audit must include a record of the incidents, review of interviews / statements provided by witnesses and decision notes related to whether the incidents constitute a criminal offence. If police had not been contacted when a criminal offense may have been committed, document the corrective actions taken. Record the date of the audit, the name and designation of the person conducting the audit, and any follow up actions completed.

b) Ensure all managers are provided education in relation to the reporting requirements of a criminal offence. This training should include education on what may constitute a criminal offence. A record of this training must be kept in the home and include the date and time training was provided, attendees and outline of the course content.

Grounds

The home failed to ensure that the appropriate police service was immediately notified of alleged incidents of financial abuse of residents that the licensee suspected was a criminal offense.

Rationale and Summary

The home investigated concerns related to alleged financial abuse. There were suspicions of a criminal offense, but the police had not been notified.

The acting ED stated that police had not been contacted about these matters.

When the home did not report to the appropriate police service immediately alleged incidents of alleged financial abuse of residents with suspected criminal offense, there was potential impact to residents.

Sources:

The home's investigative notes, witness statements, a resident's clinical records, interviews with staff.

[706119]

This order must be complied with by July 15, 2024

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Compliance Order CO #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:
This is the first AMP that has been issued to the licensee for failing to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #003 Reporting certain matters to Director

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 28 (1) 4.
Reporting certain matters to Director
s. 28 (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:
4. Misuse or misappropriation of a resident's money.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
a) Ensure all members of the management team are provided education in relation to their role and responsibilities of reporting allegations of financial abuse of a resident to the Director immediately, specifically what constitutes an allegation of financial abuse and misappropriation of resident funds.

b) Document the education including the date, format and staff attending the training, including the staff member who provided the education.

Grounds

The licensee failed to report to the Director when financial abuse was suspected towards residents.

Rationale and Summary

An allegation of resident financial abuse was made by a resident. This allegation was not reported immediately to the Director.

The acting Executive Director (ED) stated that the allegations of financial abuse towards residents had not been reported to the Director.

When the home did not report allegations of resident financial abuse to the Director immediately, residents were impacted, and the Director could not respond to these allegations.

Sources:

Homes investigation report, written statements from staff and staff member termination letter, interviews with staff

[706119]

This order must be complied with by July 15, 2024

COMPLIANCE ORDER CO #004 Trust accounts

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 286 (5)
Trust accounts
s. 286 (5) Every licensee shall establish a written policy and procedures for the management of resident trust accounts and the petty cash trust money, which must include,
(a) a system to record the written authorizations required under subsection (8); and
(b) the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

a) Conduct a financial audit of all residents that the licensee held a trust account for in 2023. This audit must include comparing all duplicate receipts from the resident's trust file records for all cash funds received with deposits and trust withdrawals recorded in point click care. Record the date of the audit, the name and designation of the person conducting the audit, and any follow up actions completed include discrepancies and corrective action taken by the licensee.

b) Ensure that the home's position description for the role of office manager is reviewed and clearly defines and identifies the type and level of assistance the role may provide to a resident related to financial matters. Include in this review power of the position granted to the role of Office Manager over residents. Record the date the position description is reviewed, the name and designation of the person conducting the review, and any follow up actions completed by the licensee.

Grounds

The licensee has failed to comply with management of resident trust accounts in the home.

Rationale and Summary

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure there are procedures for the management of resident trust accounts and the petty cash trust money.

Specifically, staff did not comply with the policy, "Resident Trust Accounts" policy 888888.30. The policy included;
-that petty cash trust had to be established in order to meet the daily cash needs of residents who have deposited money in the trust account on their behalf
- trust accounts were to be reconciled monthly
- all cash and cheques received by the home were to have been entered in the trust system and deposited as soon as possible
- payments made from the trust account had to have cross-referenced the invoices
- the custodian of the trust funds was responsible for ensuring the total of the trust fund cash on hand plus the total of authorized receipts on hand equalled the total of the trust fund cash float, and trust cash funds were to be reconciled and counted monthly.

The acting Executive Director (ED) stated that the home had not followed the resident trust account policy when the home's trust account was not reconciled monthly, deposits were not timely, invoices were not available to support resident trust account withdrawals, cash was not available from the home's trust petty cash box and itemized trust account statements were not provided to residents and families.

When the home did not follow their Resident Trust Account policy, there was potential impact to resident.

Sources:

Written statements from staff, trust transaction history of a resident, emails from corporate finance team, interviews with staff, Resident Trust Accounts policy 888888.30

[706119]

This order must be complied with by July 15, 2024

COMPLIANCE ORDER CO #005 Duty to protect

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

a) Ensure the resident and family councils are provided education in relation to resident financial abuse, what may constitute financial abuse of a resident, a review of the resident trust account process in the home and what to do if an allegation of resident financial abuse is suspected. This training should include education on what may constitute a criminal offence. A record of this training must be kept in the home and include the date and time training was provided, attendees and outline of the course content.

b) Ensure there is a process and that the process is implemented to provide all residents and families with information about what assistance the home may provide a resident in relation to financial matters. This information must include the home's gift giving policy.

c) Ensure that social work services are offered to the resident to support the resident with any impact related to missing personal funds.

d) Provide the resident and family councils with a copy of the annual audit of the Resident Trust accounts when completed for their review.

Grounds

The licensee failed to protect a resident from financial abuse.

For the purpose of this Act and Regulation, "financial abuse" means any misappropriation or misuse of a resident's money or property".

Rationale and Summary

The Ministry of Long-Term Care Action Line was called by the licensee, related to an allegation of misappropriation of resident monies by a staff member.

The home's policies, Employee Code of Conduct policy 004020.00-stated employees were not to accept gifts or gratuities from residents. Gifts, accepting and giving policy 004090.00-stated employees were prohibited from accepting money from residents.

The acting Executive Director confirmed that the home's investigation concluded financial abuse had occurred towards the resident.

Failing to protect a resident from financial abuse impacted the resident.

Sources:

Review of a resident's clinical records, investigation report, Critical incident and action line, interviews with staff and resident.

[706119]

This order must be complied with by July 15, 2024

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #005
Related to Compliance Order CO ##003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is

being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:
FLTCA s. 24 (1) Duty to Protect

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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