

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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5700 Yonge Street 5th Floor
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Bureau régional de services de
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5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 10, 2020	2020_641665_0009	001440-20, 010440-20	Complaint

Licensee/Titulaire de permis

The Kensington Health Centre
25 Brunswick Avenue TORONTO ON M5S 2L9

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

The Kensington Gardens
25 Brunswick Avenue TORONTO ON M5S 2L9

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

JOY IERACI (665), JULIEANN HING (649)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): Off Site - June 12, 16, 19, 23, 24, 26, 29 and 30, 2020; On Site July 7, 2020.

The following intake logs were inspected:

- Complaint intake log #010440-20 related to nutrition and hydration;

A follow up inspection was completed concurrently with the complaint inspection:

- Follow up intake log #001440-20 related to plan of care.

During the course of the inspection, the inspector(s) spoke with the Vice President of Residential and Community Care (VP), Directors of Care (DOCs), Registered Dietitian (RD), Nurse Manager (NM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and family members.

During the course of the inspection, the inspector(s) conducted resident observations, reviewed clinical health records and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Nutrition and Hydration

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

2 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>Légende</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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plans of care were provided to residents #005, #006 and #007 as specified in their plans.

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Homes Act, 2007****Rapport d'inspection en vertu de
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On January 14, 2020, the following Compliance Order (CO #001) from inspection report #2019_769646_0018 made under Long Term Care Homes Act (LTCHA) 2007, c. 8, s. 6. (7) was issued:

The licensee must be in compliance with s. 6. (7) of the LTCHA.

Specifically, the licensee shall ensure that:

- a. Residents #001, #002, #004, and all residents, whose care plans indicate they require an identified intervention, are provided the intervention as specified in their plan.
- b. Staff on each shift to document the provision of the intervention, and to indicate a reason when it was not provided to the residents.

The licensee completed steps a. and b.

The Ministry of Long Term Care (MLTC) received a complaint in 2020, regarding the care resident #005 received over a 12 day period in 2020. The complainants indicated in an interview that they had care concerns that the resident was not fed when visitor restrictions were implemented on the first day of the 12 day period, which led to the decline in the resident's health status. The resident passed away in the home on a specified date.

A review of resident #005's nutritional risk assessment about a month prior to the 12 day period, completed by RD #103 documented the resident's nutritional risk status. RD #103 documented 39 days later that the resident's nutritional risk status had changed as the resident had a significant decline in their oral intake of food and fluids to meet their estimated needs.

A review of the resident's weight documented a significant weight loss over a one month period when the resident had a significant decline in their oral intake.

A review of the resident #005's written plan of care directed staff to provide an identified nutritional supplement when meal intake was less than 50%, which was initiated on an identified date in 2019. The documentation survey reports for two consecutive months in 2020 documented that the resident ate zero (0) to 25% of their meals on 15 occasions over a 15 day period, when visitor restrictions were in place.

The resident's electronic medication administration record (EMAR) during the 15 days, included the order for the identified nutritional supplement; however, there were no

documentation that it was provided to the resident. In addition, the resident's progress notes in Point Click Care (PCC), did not have documentation that the nutritional supplement was administered.

Interview with RD #103 stated that they had a conversation with RN #101 three days after the start of the 12 day period, regarding the decrease in the resident's consumption over the past three days. They recommended that the resident be provided with the identified nutritional supplement as ordered when their meal consumption was less than 50%.

Interviews with RN #101 and RPN #104 stated that the resident had a decline in oral intake and had increasing difficulty swallowing which started on the fifth day of the 12 day period. Both indicated they were aware of the order for the identified nutritional supplement and when the resident ate less than 50% of their meals. The RN and RPN confirmed they did not provide the resident with the nutritional supplement when they ate less than 50% of their meals as per the plan of care. [s. 6. (7)]

2. As a result of the non compliance identified for resident #005, the sample was expanded to determine the scope.

Resident #006's nutritional risk assessment completed on an identified date in 2020, by RD #103 identified the resident's nutritional risk status.

A review of resident #006's written plan of care directed staff to provide an identified nutritional supplement if meal intake was less than 50%. The physician orders in PCC showed this order was initiated on an identified date in 2019.

A review of the documentation survey report for an identified month in 2020, showed that the resident ate 0 to 25% of their meals on 22 occasions and refused 28 meals.

Review of the resident's EMAR and progress notes in PCC, did not have documentation that the nutritional supplement was provided on the 22 occasions and the 28 identified meals, as per the plan of care.

In an interview, RPN #109 stated that the resident had a significant change in their oral intake, and was not eating much of their meals over the past five months. The RPN indicated that the resident would eat less than 50% of meals or would refuse to eat. They were aware of the order for the identified nutritional supplement to be provided when

meal intake was less than 50%; however, the RPN stated that they did not provide or offer the nutritional supplement. RPN #109 confirmed that they did not follow resident #006's plan of care.

Interview with RD #103 indicated that resident #006 was on the identified nutritional supplement when their meal intake was less than 50%. The RD stated that resident #006 consumed more fluids than their meals and the nutritional supplement provided the resident more nutrients, and assisted in the resident's hydration needs. They acknowledged that the staff did not provide the nutritional supplement when their meal intake was less than 50% as per the plan of care. [s. 6. (7)]

3. A review of resident #007's EMAR on an identified month, directed staff to provide an identified nutritional supplement, when meal intake was less than 50%. The physician orders in PCC showed this order was initiated on an identified date in 2018.

Review of the progress notes in PCC by RPN #108 documented that the resident ate less than 25% of their meal. The documentation survey report, documented that the resident ate 0 to 25% of a specified meal on the same day.

In an interview, RPN #108 was aware that the resident would eat less than 50% of their meals. The RPN reviewed the resident's documentation survey report and EMAR for the identified date, and indicated that they did not provide the resident the nutritional supplement, when their intake was less than 50%. The RPN acknowledged that they did not follow resident #007's plan of care.

Interview with DOC #100 indicated that it was their expectation for the plan of care of residents to be followed. The DOC acknowledged that staff did not follow the plan of care for residents #005, #006 and #007 related to the provision of nutritional supplements when meal intake was less than 50%.

This non compliance is issued as the registered staff did not provide nutritional supplements to residents #005, #006 and #007 when their meal intake was less than 50%, as specified in the plan of care. [s. 6. (7)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where a long-term care home was required to have, institute or otherwise put in place any policy or protocol, that the policy or protocol was complied with.

In accordance with O. Reg. 79/10, s. 68 (2) (a), the licensee shall ensure that the nutrition care and dietary services programs include, the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Specifically, staff did not comply with the licensee's policies:

1. Referrals-Nutrition Care, policy #M5-670, last revised April 2015. The policy stated that a communication system will be in place to enable other departments to communicate with the Food and Nutrition Department regarding resident needs. A referral is a request for an intervention or investigation regarding a resident's Food and Nutrition needs. A referral can also request a diet change or supplement change. The policy directed staff that all referrals will be written on the Nutritional Care Services Referral Form.

2. Referrals, policy #M2-940, last revised October 2017. The policy indicated that referrals to the Dietitian should be made using the Nutrition Care Service Referral form or email and forwarded/sent to the Food and Nutrition department.

Both policies included the Nutrition Care Service Referral form, M5-670a. Review of this form indicated reasons for the referral request such as: dysphagia (swallowing, chewing, coughing after meal/fluid consumption, choking, denture problems, aspiration problems), poor appetite and/or poor food/fluid intake and significant weight loss/gain.

A review of resident #005's nutritional risk assessment on an identified date in 2020, completed by RD #103 documented the resident's nutritional risk status. The RD documented 39 days later that the resident's nutritional risk had changed as the resident had a significant decline in their oral intake of food and fluids to meet their estimated needs.

A review of the resident's progress notes in PCC, three days after visitor restrictions were in place, showed the resident had poor meal consumption, required an increased need for an identified nursing intervention and increasing difficulty swallowing food and fluids over a 10 day period. The documentation survey report during the 10 day period showed the resident ate 0 to 25% of an identified meal on eight occasions. A referral to the RD was not made during this period.

In an interview, RD #103 stated it was the home's process for the registered nursing staff to send a referral when a resident had a change in status that included diminished consumption, chewing and swallowing difficulties. The Nutritional Care Services Referral Form would be completed. Since an identified date in 2020, the RD indicated that they worked off site and referrals were sent through the home's internal email and phone calls. On the first day of the 10 day period, the RD spoke to RN #101 who informed them of resident #005's decrease in oral consumption. The RD indicated that they reviewed the resident's oral intake and it was reasonable for the resident given their baseline. The RD recommended the registered staff to provide the identified nutritional supplement when the resident's meal intake was less than 50% as previously ordered. The RD indicated that there was a significant decline in the resident's oral consumption two days later and continued for the next seven days. The RD stated that they did not receive a referral to reassess the resident during the seven days. The RD further stated that the registered staff should have sent them a referral, due to the resident's significant decline in oral intake.

In interviews, RN #101 and RPN #104 indicated that a referral to the RD was made when a resident has decreased oral intake, poor appetite, difficulties in chewing and swallowing. The RN and RPN stated the resident had a decline in oral intake and had increasing difficulty swallowing. They acknowledged that a referral was not made to the RD until nine days later.

In an interview, DOC #100 acknowledged that the registered staff did not make a referral to the RD, when there was a change in status in resident #005's oral intake and difficulty swallowing. The DOC confirmed that the registered staff did not follow the home's policy regarding referrals to the RD.

This non compliance is issued as the staff did not comply with their nutrition care policies related to referrals to the RD. [s. 8. (1) (a),s. 8. (1) (b)]

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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and (b) is complied with, to be implemented voluntarily.

Issued on this 14th day of July, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JOY IERACI (665), JULIEANN HING (649)

Inspection No. /

No de l'inspection : 2020_641665_0009

Log No. /

No de registre : 001440-20, 010440-20

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jul 10, 2020

Licensee /

Titulaire de permis : The Kensington Health Centre
25 Brunswick Avenue, TORONTO, ON, M5S-2L9

LTC Home /

Foyer de SLD : The Kensington Gardens
25 Brunswick Avenue, TORONTO, ON, M5S-2L9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : William O'Neill

To The Kensington Health Centre, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Order # /

No d'ordre : 001

Order Type /

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

Linked to Existing Order / 2019_769646_0018, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee must be compliant with s.6 (7) of the Long Term Care Homes Act (LTCHA), 2007.

Specifically the licensee must:

1. Ensure that residents #006 and #007, and any other resident receive nutritional supplements as per their plan of care.
2. Develop and implement an auditing tool that documents staff are providing residents #006 and #007 and any other resident with their nutritional supplement as per the plan of care.
3. Maintain a written record of the audits conducted in the home. The written record must include the date of the audit, the resident's name, staff member(s) audited, the name of the person completing the audit, the outcome of the audits, actions taken to address any concerns and an evaluation of the results.

Grounds / Motifs :

1. The licensee has failed to ensure that the care set out in the plans of care were provided to residents #005, #006 and #007 as specified in their plans.

On January 14, 2020, the following Compliance Order (CO #001) from inspection report #2019_769646_0018 made under Long Term Care Homes Act (LTCHA) 2007, c. 8, s. 6. (7) was issued:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

The licensee must be in compliance with s. 6. (7) of the LTCHA.

Specifically, the licensee shall ensure that:

- a. Residents #001, #002, #004, and all residents, whose care plans indicate they require an identified intervention, are provided the intervention as specified in their plan.
- b. Staff on each shift to document the provision of the intervention, and to indicate a reason when it was not provided to the residents.

The licensee completed steps a. and b.

The Ministry of Long Term Care (MLTC) received a complaint in 2020, regarding the care resident #005 received over a 12 day period in 2020. The complainants indicated in an interview that they had care concerns that the resident was not fed when visitor restrictions were implemented on the first day of the 12 day period, which led to the decline in the resident's health status. The resident passed away in the home on a specified date.

A review of resident #005's nutritional risk assessment about a month prior to the 12 day period, completed by RD #103 documented the resident's nutritional risk status. RD #103 documented 39 days later that the resident's nutritional risk status had changed as the resident had a significant decline in their oral intake of food and fluids to meet their estimated needs.

A review of the resident's weight documented a significant weight loss over a one month period when the resident had a significant decline in their oral intake.

A review of the resident #005's written plan of care directed staff to provide an identified nutritional supplement when meal intake was less than 50%, which was initiated on an identified date in 2019. The documentation survey reports for two consecutive months in 2020 documented that the resident ate zero (0) to 25% of their meals on 15 occasions over a 15 day period, when visitor restrictions were in place.

The resident's electronic medication administration record (EMAR) during the 15 days, included the order for the identified nutritional supplement; however, there were no documentation that it was provided to the resident. In addition, the resident's progress notes in Point Click Care (PCC), did not have documentation

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

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

that the nutritional supplement was administered.

Interview with RD #103 stated that they had a conversation with RN #101 three days after the start of the 12 day period, regarding the decrease in the resident's consumption over the past three days. They recommended that the resident be provided with the identified nutritional supplement as ordered when their meal consumption was less than 50%.

Interviews with RN #101 and RPN #104 stated that the resident had a decline in oral intake and had increasing difficulty swallowing which started on the fifth day of the 12 day period. Both indicated they were aware of the order for the identified nutritional supplement and when the resident ate less than 50% of their meals. The RN and RPN confirmed they did not provide the resident with the nutritional supplement when they ate less than 50% of their meals as per the plan of care. (665)

2. As a result of the non compliance identified for resident #005, the sample was expanded to determine the scope.

Resident #006's nutritional risk assessment completed on an identified date in 2020, by RD #103 identified the resident's nutritional risk status.

A review of resident #006's written plan of care directed staff to provide an identified nutritional supplement if meal intake was less than 50%. The physician orders in PCC showed this order was initiated on an identified date in 2019.

A review of the documentation survey report for an identified month in 2020, showed that the resident ate 0 to 25% of their meals on 22 occasions and refused 28 meals.

Review of the resident's EMAR and progress notes in PCC, did not have documentation that the nutritional supplement was provided on the 22 occasions and the 28 identified meals, as per the plan of care.

In an interview, RPN #109 stated that the resident had a significant change in their oral intake, and was not eating much of their meals over the past five months. The RPN indicated that the resident would eat less than 50% of meals

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

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

or would refuse to eat. They were aware of the order for the identified nutritional supplement to be provided when meal intake was less than 50%; however, the RPN stated that they did not provide or offer the nutritional supplement. RPN #109 confirmed that they did not follow resident #006's plan of care.

Interview with RD #103 indicated that resident #006 was on the identified nutritional supplement when their meal intake was less than 50%. The RD stated that resident #006 consumed more fluids than their meals and the nutritional supplement provided the resident more nutrients, and assisted in the resident's hydration needs. They acknowledged that the staff did not provide the nutritional supplement when their meal intake was less than 50% as per the plan of care. (665)

3. A review of resident #007's EMAR on an identified month, directed staff to provide an identified nutritional supplement, when meal intake was less than 50%. The physician orders in PCC showed this order was initiated on an identified date in 2018.

Review of the progress notes in PCC by RPN #108 documented that the resident ate less than 25% of their meal. The documentation survey report, documented that the resident ate 0 to 25% of a specified meal on the same day.

In an interview, RPN #108 was aware that the resident would eat less than 50% of their meals. The RPN reviewed the resident's documentation survey report and EMAR for the identified date, and indicated that they did not provide the resident the nutritional supplement, when their intake was less than 50%. The RPN acknowledged that they did not follow resident #007's plan of care.

Interview with DOC #100 indicated that it was their expectation for the plan of care of residents to be followed. The DOC acknowledged that staff did not follow the plan of care for residents #005, #006 and #007 related to the provision of nutritional supplements when meal intake was less than 50%.

This non compliance is issued as the registered staff did not provide nutritional supplements to residents #005, #006 and #007 when their meal intake was less than 50%, as specified in the plan of care.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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

The severity of this issue was determined to be a level 2 as there was minimal risk to residents #005, #006 and #007. The scope of the issue was a level 3 as it is related to all three residents reviewed. The home had a level 5 compliance history as this order is being re-issued and four or more COs (complied or not; same or different) of the LTCHA that included:

- CO #001 issued December 7, 2017 (2017_644507_0018), complied February 8, 2018
- Voluntary Plan of Correction (VPC) issued January 26, 2018 (2017_493652_0019)
- VPC issued March 27, 2018 (2018_370649_0002)
- CO #001 issued December 10, 2018 (2018_324535_0013), complied March 26, 2019
- CO #002 issued December 10, 2018 (2018_324535_0013), complied March 26, 2019
- CO #001 issued May 1, 2019 (2019_634513_0006), complied July 26, 2019
- CO #001 issued January 14, 2020 (2019_769646_0018)

(665)

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

Aug 11, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
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.

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 10th day of July, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Joy Ieraci

Service Area Office /

Bureau régional de services : Toronto Service Area Office