



**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***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection March 22, 24 & 25, 2011	Inspection No/ d'inspection 2011_135_2917_17Mar164140	Type of Inspection/Genre d'inspection Follow Up L-000450-11
Licensee/Titulaire Devonshire Erin Mills Inc., 195 Dufferin Avenue Suite 800, London, Ont. N6A 1K7		
Long-Term Care Home/Foyer de soins de longue durée Lanark Heights LTC Centre, 46 Lanark Crescent, Kitchener. Ontario N2N 2Z8		
Name of Inspector/Nom de l'inspecteur Bonnie MacDonald #135		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a Dietary follow up inspection regarding care and services in the home.</p> <p>During the course of the investigation, the inspector spoke with the Regional Manager, Assistant Director of Care, Food Services Manager, Dietitian, Food Services Supervisor, Registered, non Registered Nursing staff Dietary staff and Residents.</p> <p>During the inspection, inspector reviewed resident records, observed lunch service in Pine and lunch and dinner service in Maple home areas and afternoon snack service in Pine and Maple home areas.</p> <p>The following Inspection Protocols were used during this inspection: Snack Observation Dining Observation Nutrition and Hydration Food Quality</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following actions were taken:</p> <p>9 WN 3 VPC 6 CO's</p> <p>Corrected Non-Compliance is listed in the section titled Corrected Non-compliance.</p>		



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

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

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

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

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

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

WN #1: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(b) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. Resident with a weight loss of 2.6 kgs. (5.15%) in March 2011 was not reassessed nor was the Nutritional Plan of Care revised for weight loss greater than 5 % in one month. Resident's present weight 47.9 kgs. is below goal weight of 54 kgs. Homes' Dietitian confirmed resident had not been referred for weight loss in March.
2. The following high risk residents were not reassessed, nor were their Nutritional Plans of Care revised when residents care needs changed due to ongoing poor fluid intake as confirmed by Homes Dietitian March 25, 2011 and review of residents' records.
 - Resident's average daily fluid intake for March 12-21, 2011 was 435 mls./day or 29% of their daily fluid requirement of 1500 mls./day as per the Plan of Care.
 - Resident's average daily fluid intake for March 16-23, 2011 was 789 mls./day or 39.5% of their daily fluid requirement of 2000 mls./day as per Plan of Care.
 - Resident's average daily fluid intake for March 16-23, 2011 was 663 mls./day or 52.6% of their daily fluid requirement of 1260 mls./day as per Plan of Care.

Inspector ID #: 135

Additional Required Actions:
CO #001 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 30(2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

- High risk resident with Stage #3 wound and low fluid intake, response to nutritional supplement at Lunch and Dinner was not documented on 11 occasions or 25.6% of the time March 1-22, 2011 as observed in resident's food and fluid records.

- High risk resident with Stage #3 wound and low fluid intake, response to nutritional supplement at Lunch and Dinner was not documented on 31 occasions or 64.6% of the time March 1-24, 2011 as observed in resident's food and fluid records.
- High risk resident with weight loss and low fluid intake, response to nutritional supplement at Breakfast and Lunch was not documented on 21 occasions or 47.7% of the time March 1-22, 2011 as observed in resident's food and fluid records.

Inspector ID #: 135

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, ensuring interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s. 71(4)

The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

Findings:

1. Pm. Snack Service March 22, 2011 in Maple Home area, observed chocolate wafers were not offered or available for Modified Diabetic Diets and Puree Diets as per the Homes' planned snack menu.
2. Meal Services in Maple and Pine dining rooms, March 22 and March 24, 2011 observed residents were not offered whole wheat bread as per the Homes' planned menu.

Inspector ID #: 135

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, ensuring all planned menu items are offered and available for meals and snack service, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTHCA, 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.

Findings:

1. Lunch Service March 22, 2011, observed resident was not provided puree dessert as per the Plan of Care
2. Pm. Snack service March 22, 2011 observed resident did not receive their nose cup for snack fluids as per her Nutritional Plan of Care.

Inspector ID #: 135

CO #002 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s. 72(2)(d)

The food production system must, at a minimum, provide for, preparation of all menu items according to the planned menu:

Findings:

1. Lunch March 22, 2011 and Dinner March 24, 2011 in Maple Dining room observed the Renal Diet alternates were not prepared according to the planned menu. i.e. Salmon Salad Sandwich as confirmed by Dietary staff March 22 and March 24, 2011.

Inspector ID #:	135
Additional Required Actions:	
VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, ensuring preparation of all menu items according to the planned menu, to be implemented voluntarily	
WN #6: The Licensee has failed to comply with O. Reg. 79/10, s.69.(1)	
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:	
(1) A change of 5 per cent of body weight, or more, over one month.	
Findings:	
1. Resident with a weight loss of 2.6 kgs. (5.15%) in March 2011 was not reassessed nor was the plan of care or revised for weight loss greater than 5 % in one month. Resident's present weight of 47.9 kgs. is below their goal weight of 54 kgs. March 25, 2011, Homes' Dietitian confirmed resident had not been referred for weight loss of 5% or more over one month.	
Inspector ID #:	135
Additional Required Actions:	
CO #003 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form	
WN #7: The Licensee has failed to comply with O. Reg. 79/10, s. 73(1)10	
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:	
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.	
Findings:	
1. March 22, 2011 at Lunch and Dinner in Maple Dining observed resident was not safely positioned when two staff members stood to feed high risk resident.	
2. Pm. Snack Service March 22, 2011 in Maple Home area observed 5 high risk residents were not safely positioned when staff member stood to feed residents their snack.	
3. Pm. Snack Service March 24, 2011 in Pine Home area observed high risk resident was not safely positioned when staff member stood to feed resident their snack.	
Inspector ID #:	135
Additional Required Actions:	
CO #004 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form	
WN #8: The Licensee has failed to comply with O. Reg. 79/10, s. 68(2)(c)	
Every licensee of a long-term care home shall ensure that the programs include,	
(c) the implementation of interventions to mitigate and manage those risks;	
Findings:	
1. The Homes Hydration policy RNC03-03-05 with interventions of large glasses (175mls.) of fluids at meals and Jello at lunch were not implemented as observed at Lunch March 22, 2011 nor was Jello offered at Lunch March 24, 2011 in Maple dining room for 3 high risk residents with low fluid intakes. Staff member interviewed March 24, 2011 stated she was unaware that large fluids were to be provided at meals.	

2. Homes' Hydration policy RNC03-03-05, states water jug intervention will continue for residents identified as low fluid intake until a new fluid level is established by the Homes' Dietitian. March 24, 2011, Maple Home area, Dietary staff member, stated she had not implemented water jug service for high risk residents with low fluid intake, as she had not received a water jug list since March 17, 2011. Three residents on Maple with ongoing low fluid intake since had not received water jugs since March 17, 2011.

Inspector ID #: 135

Additional Required Actions:
CO #005 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

WN #9: The Licensee has failed to comply with O.Reg. 79/10, s. 8(1)(b)
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,
(b) the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with.

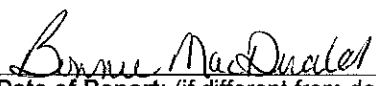
Findings:

1. The Homes' Weight monitoring policy RNC04-01-01(June 2009) states, if there is a significant unplanned weight change of 5% or 2kgs. confirmed by reweigh, the RD is notified. Homes' weight policy was not complied with when high risk resident, with a weight loss of 2.6 kgs. (5.15%) for March 2011 was not referred to the Homes' Dietitian. This was confirmed March 25, 2011 in review of resident's record and in discussion with Homes Dietitian.
2. In review of resident's records and in discussion with the Homes Dietitian March 25, 2011, the Homes' Hydration Policy RNC03-03-05 (Feb.2011) was not complied with when residents were not referred to the Dietitian for ongoing low fluid intake. The policy states after 3 days of increased fluids at meals and Jello at lunch has not been effective for residents with intakes less than 1200 mls./day those residents are referred to the Homes' Dietitian. This was not complied with when 3 high risk residents with ongoing poor fluid intake for the period March 16-23, 2011, were not referred to the Homes' Dietitian:
3. The Homes' Hydration Policy RNC03-03-05 for resident's fluid intake below 1200 mls./day for 3 consecutive days or more was not complied with when the following interventions were not provided on Maple Home area.
 - Residents were not provided ongoing water jugs, large glasses of fluids at meals and Jello at Lunch to increase fluid consumption as observed March 22 and March 24, 2011.
 - Hydration Policy RNC03-03-05 states, PSW's will encourage fluid intake for residents identified as being at risk for low fluid intake. March 22, 2011 during Pm. snack service on Maple Home area observed staff member did not provide encouragement for residents at risk of dehydration or requiring additional fluids.

Inspector ID #: 135

Additional Required Actions:
CO #006 will be served on the licensee. Refer to the "Order(s) of the Inspectors" form

CORRECTED NON-COMPLIANCE NON-RESPECTS À CORRIGÉ				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O. 2007, c.8,s.6(1)(C)	WN	CO# 001	2010_135_2917_06Dec173056	135
LTCHA, 2007, S.O. 2007, c.8,s.6(10)(b)	WN	CO# 002	2010_135_2917_06Dec173056	135
LTHCA, 2007, S.O. 2007, c.8, s.6(11)(b)	WN	CO #003	2010_135_2917_06Dec173056	135
O. Reg. 79/10, s. 26(4)(a)	WN	CO #005	2010_135_2917_06Dec173056	135
O. Reg. 79/10, s.69. (2)	WN	CO #006	2010_135_2917_06Dec173056	135
O. Reg. 79/10, s. 73(1)9	WN	CO #007	2010_135_2917_06Dec173056	135
O. Reg. 79/10, s. 73(1)5	WN VPC		2010_135_2917_06Dec173056	135

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: _____ Date: _____	 April 6, 2011 Date of Report: (if different from date(s) of inspection).



Order(s) of the Inspector

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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Bonnie MacDonald	Inspector ID # 135
Log #:	L-000450	
Inspection Report #:	2011_135_2917_17Mar164140	
Type of Inspection:	Dietary Follow- to 2010_135_2917_06Dec173056	
Date of Inspection:	March 22, 24 & 25, 2011	
Licensee:	Devonshire Erin Mills Inc., 195 Dufferin Avenue Suite 800, London, Ont. N6A 1K7	
LTC Home:	Lanark Heights LTC Centre, 46 Lanark Crescent, Kitchener. Ontario N2N 2Z8	
Name of Administrator:	Debbie Boakes	

To Devonshire Erin Mills Inc., you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007, c.8, s.6(10)(b) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTHCA, 2007, S.O. 2007, c.8, s. 6(10)(b) Submit the plan to LondonSAO.moh@ontario.ca .			
Grounds: 1. Resident with a weight loss of 2.6 kgs. (5.15%) in March 2011 was not reassessed nor was the Nutritional Plan of Care revised for weight loss greater than 5 % in one month. Their present weight 47.9 kgs. is below their goal weight of 54 kgs. Homes' Dietitian confirmed resident had not been			



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

2. Three high risk residents were not reassessed, nor were their Nutritional Plans of Care revised when residents care needs changed due to ongoing poor fluid intake as confirmed by Homes Dietitian March 25, 2011 and review of residents' records.

- Resident's average daily fluid intake for March 12-21, 2011 was 435 mls./day or 29% of their daily fluid requirement of 1500 mls./day as per the Plan of Care.
- Resident's average daily fluid intake for March 16-23, 2011 was 789 mls./day or 39.5% of their daily fluid requirement of 2000 mls./day as per the Plan of Care.
- Resident's average daily fluid intake for March 16-23, 2011 was 663 mls./day or 52.6% of their daily fluid requirement of 1260 mls./day as per the Plan of Care.
-

This order must be complied with by: April 25, 2011

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(b)
-----------------	-----	--------------------	--------------------------------------

Pursuant to: The Licensee has failed to comply with LTHCA, 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.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTHCA, 2007, S.O. 2007, c.8, s.6 (7) Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. Lunch Service March 22, 2011, observed resident was not provided puree dessert as per their Plan of Care.
2. Pm. Snack service March 22, 2011 observed resident did not receive their nose cup for snack fluids as per her Nutritional Plan of Care.

This order must be complied with by: April 25, 2011

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(b)
-----------------	-----	--------------------	--------------------------------------

Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s.69.(1) Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- (1) A change of 5 per cent of body weight, or more, over one month.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with, O. Reg. 79/10, s.69. (1) Submit the plan to LondonSAO.moh@ontario.ca.



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Grounds:

1. Resident with a weight loss of 2.6 kgs. (5.15%) in March 2011 was not reassessed nor was the plan of care or revised for weight loss greater than 5 % in one month. Their present weight of 47.9 kgs. is below their goal weight of 54 kgs. March 25, 2011, Homes' Dietitian confirmed resident had not been referred for weight loss of 5% or more over one month.

This order must be complied with by: April 25, 2011

Order #:	004	Order Type:	Compliance Order, Section 153 (1)(b)
-----------------	-----	--------------------	--------------------------------------

Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s. 73(1)10
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 73(1)10. Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. March 22, 2011 at Lunch and Dinner in Maple Dining observed resident was not safely positioned when two staff members stood to feed high risk resident.
2. Pm. Snack Service March 22, 2011 in Maple Home area observed 5 high risk residents were not safely positioned when staff member stood to feed resident's their snack.
3. Pm. Snack Service March 24, 2011 in Pine Home area observed high risk resident was not safely positioned when staff member stood to feed resident.

This order must be complied with by: April 25, 2011

Order #:	005	Order Type:	Compliance Order, Section 153 (1)(b)
-----------------	-----	--------------------	--------------------------------------

Pursuant to: The Licensee has failed to comply with O. Reg. 79/10, s. 68(2)(c)
Every licensee of a long-term care home shall ensure that the programs include,
(c) the implementation of interventions to mitigate and manage those risks;

Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 68(2)(c) Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. The Homes Hydration policy RNC03-03-05 with interventions of large glasses (175mls.) of fluids at meals and Jello at lunch were not implemented as observed at Lunch March 22, 2011 nor was Jello offered at Lunch March 24, 2011 in Maple dining room for 3 high risk residents with low fluid intakes. Staff member interviewed March 24, 2011 stated she was unaware that large fluids were to be provided at meals.
2. Homes' Hydration policy RNC03-03-05, states water jug intervention will continue for residents identified as low fluid intake until a new fluid level is established by the Homes' Dietitian. March 24, 2011 Maple Home area, Dietary staff member stated she had not implemented water jug service for residents for low fluid intake, as she had not received a water jug list since March 17, 2011. Three residents on Maple with ongoing low fluid intake had not received water jugs since March 17, 2011.

This order must be complied with by: April 25, 2011

Order #:	006	Order Type:	Compliance Order, Section 153 (1)(b)
-----------------	-----	--------------------	--------------------------------------

Pursuant to : The Licensee has failed to comply with O. Reg. 79/10, s. 8(1)(b)

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,

(b) the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, and is complied with.

Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 8(1)(b) Submit the plan to LondonSAO.moh@ontario.ca.

Grounds:

1. The Homes' Weight monitoring policy RNC04-01-01(June 2009) states, if there is a significant unplanned weight change of 5% or 2kgs, confirmed by reweigh, the RD is notified. Homes' weight policy was not complied with when high risk resident, with a weight loss of 2.6 kgs. (5.15%) for March 2011 was not referred to the Homes' Dietitian. This was confirmed March 25, 2011 in review of resident's record and in discussion with Homes' Dietitian.
2. In review of resident's records and in discussion with the Homes' Dietitian March 25, 2011, the Homes' Hydration Policy RNC03-03-05 (Feb.2011) was not complied with when residents were not referred to the Dietitian for ongoing low fluid intake. The policy states after 3 days of increased fluids at meals and Jello at lunch has not been effective for residents with intakes less than 1200 mls./day those residents are referred to the Homes' Dietitian. This was not complied with when 3 high risk residents with ongoing poor fluid intake for the period March 16-23, 2011, were not referred to the Homes' Dietitian.



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

3. The Homes' Hydration Policy RNC03-03-05 for resident's fluid intake below 1200 mls./day for 3 consecutive days or more was not complied with when the following interventions were not provided for 3 high risk residents on Maple Home area.
- Residents were not provided ongoing water jugs, large glasses of fluids at meals and Jello at Lunch to increase fluid consumption as observed March 22 and March 24, 2011 in Maple Home area.
 - Hydration Policy RNC03-03-05 states, PSW's will encourage fluid intake for residents identified as being at risk for low fluid intake. March 22, 2011, during Pm. snack service on Maple Home area observed staff member did not provide encouragement for 2 residents at risk of dehydration or requiring additional fluids.

This order must be complied with by: April 25, 2011

REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

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



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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

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

Fax: 416-327-7603

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

Issued on this 6 th day of April, 2011.	
Signature of Inspector:	<i>Bonnie MacDonald</i>
Name of Inspector:	Bonnie MacDonald
Service Area Office:	London