

**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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1st Floor, 609 Kumpf Drive
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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
May 5, 2021	2021_800532_0008	006286-21	Complaint

Licensee/Titulaire de permis

LaPointe-Fisher Nursing Home, Limited
1934 Dufferin Avenue Wallaceburg ON N8A 4M2

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

LaPointe-Fisher Nursing Home
271 Metcalfe Street Guelph ON N1E 4Y8

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

NUZHAT UDDIN (532)

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): April 17 and 22, 2021.

Log #006286-21 related to implementation of Rapid Antigen testing as per the Minister's Directive.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Director of Quality, Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeper, residents and a family member.

The inspector(s) also toured resident home areas, observed resident care provision, dining, resident to staff interaction, and reviewed relevant residents' clinical records and IPAC practices.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control**

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

2 WN(s)

0 VPC(s)

2 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. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The Licensee has failed to ensure that every operational directive that applies to the

long-term care home was complied with in relation to the Minister's Directive that relates to staff and visitors COVID-19 testing requirements.

On March 17, 2020, the Premier of Ontario Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

The Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes, effective March 15, 2021, required all staff, student placements and volunteers working in long-term care homes to be tested regularly, unless the exception for individuals who previously had laboratory confirmed COVID-19 applied. The testing requirements in the Minister's Directive included all individuals working in long-term care homes.

The Minister's Directive effective March 15, 2021, required long-term care homes to ensure that all staff, caregivers, student placements and volunteers working in or visiting a long-term care home were tested by choosing either of the two options:

- a) An Antigen Test at a frequency set out in the Ministry of Health COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing effective March 15, 2021, or as amended, at a minimum (currently rapid antigen testing should be preformed 2-3 times per week in yellow/orange/red/grey zones and 1-2 times per week in the green zone) OR
- b) One Polymerase chain reaction (PCR) Test and one Antigen Test on separate days within a seven-day period.

The Minister's Directive also included the following provisions:

- a) To ensure that staff, student placements and volunteers were not required to be tested on their days off.
- b) Support workers and (where permitted) general visitors were required to undergo a "day of" antigen test unless they were tested the previous day (i.e. an antigen test result

is valid for 2 days), and a test result must be obtained before entry to the home.

c) Staff, Students & Volunteers were to be tested as soon as possible after entry to the home.

A complaint was received related to implementation of rapid antigen testing as per the Minister's Directive.

An onsite inspection was conducted on April 17 and 22, 2021.

At the time of the inspection, the Home was not in an outbreak and was in a public health unit region (Wellington-Dufferin-Guelph Health Unit) under a stay at home order, and were to follow the testing requirements for the grey zone.

The information gathered during this inspection showed the following:

The Home started rapid antigen testing on March 23, 2021, which was not in keeping with the Minister's Directive.

From March 23- April 18, 2021, the Home chose option b) one polymerase chain reaction (PCR) Test and one rapid antigen test on separate days within seven days. The Home offered this option to staff only.

From March 23 to April 18, 2021, 14 registered essential caregivers visited the Home without the rapid antigen testing, as it was not offered to them.

Essential caregiver #112 was coming daily to visit a resident, but was not tested using the rapid antigen test when they visited.

During this time the Home offered rapid antigen testing twice per week at scheduled times of 0600 to 1000 hours and 1300 to 1700 hours.

Restorative Aide (RA) #103, PSW #104, PSW #105, Housekeeper #106 and Dietary Aide #107, confirmed that they were tested on their days off.

RA #103, PSW #104 and #105 acknowledged they were not tested as soon as possible after entry to the Home. The staff members explained that their shift start time and rapid antigen testing times conflicted with resident care, and the test was completed at staffs' convenience.

The Home did not offer the rapid antigen testing to the night staff. The night staff had to complete the test the next day at the end of their shift.

The Director of Care (DOC) and the Director of Quality (DOQ) confirmed that from March 23- April 18, 2021, the rapid antigen test was not offered to essential caregivers.

Starting April 19, 2021, rapid antigen testing was to be fully implemented and scheduled on Mondays, Wednesdays, Fridays and Saturdays with no PCR testing. This was offered to the essential caregivers; however, the timings for the testing remained the same. Staff continued to come in on their days off, they were not tested as soon as possible after entry to the home and night staff were tested the morning after completing their shift.

The DOQ acknowledged that staff had to come in on their days off and complete their antigen testing at different times during the shift. The Home did not offer the testing at various times during the day or to the night staff, and staff could not undergo a “day of” antigen test.

By not following the Minister's Directive in relation to testing, staff, residents and essential caregivers were at increased risk of disease transmission.

Sources: The Minister's Directive, observations, interview with Registered caregiver , Restorative Aide (RA) #103, PSW #104, Director of Care (DOC), Director of Quality (DOQ) and other staff. [s. 174.1 (3)]

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. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The Licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

On April 17 and 22, 2021, observations were made on all home areas and the following infection prevention and control practices related to hand hygiene and signage at the entrance were noted.

a) Alcohol based hand rubs (ABHRs) were not available for use at point of care. There were no ABHRs in any of the resident rooms or on the staff care carts.

Public Health completed an Infection Prevention and Control (IPAC) Outbreak Site Visit report dated February 2, 2021, and noted that ABHRs were not available within resident rooms and not always available directly outside each room. Public Health recommended that all rooms have ABHR available at point-of-care, including before exiting the residents' room.

PSW #115 shared that they used the soap in the residents' bathroom prior to providing care and did not carry ABHR or soap on the care carts. When staff needed to use the ABHR they had to come out to the hallway.

b) There was no ABHR available in the second-floor small dining room.

One ABHR was mounted above the microwave in the main floor dining room, not accessible to the residents, making it difficult for staff to reach.

There was no resident hand washing before and after the lunch meal on any of the home areas.

After the lunch meal in the second-floor dining room, staff used a basin with water and facecloths to wash different residents' hands and faces without changing the water or washing their own hands.

c) There was no signage at the entrance prompting staff and visitors to self-identify if they had signs and symptoms of COVID-19 nor signage to encourage proper mask use.

The Administrator confirmed that ABHR should be readily available in the home for

personal hand hygiene to help prevent the spread of infections and acknowledged that the signage was removed from the door after the front entrance was renovated.

The breach of infection prevention and control practices increased the risk of infectious disease transmission throughout the home.

Sources: Observations, interview with PSW #115, the Administrator, and other staff and Ontario evidence-based hand hygiene (HH) program, “Just Clean Your Hands” (JCYH). [s. 229. (4)]

Additional Required Actions:

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

Issued on this 17th day of May, 2021

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) : NUZHAT UDDIN (532)

Inspection No. /

No de l'inspection : 2021_800532_0008

Log No. /

No de registre : 006286-21

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : May 5, 2021

Licensee /

Titulaire de permis : LaPointe-Fisher Nursing Home, Limited
1934 Dufferin Avenue, Wallaceburg, ON, N8A-4M2

LTC Home /

Foyer de SLD : LaPointe-Fisher Nursing Home
271 Metcalfe Street, Guelph, ON, N1E-4Y8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Dahlia Burt-Gerrans

To LaPointe-Fisher Nursing Home, Limited, 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)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Order / Ordre :

The licensee must be compliant with s. 174.1 (3) of the LTCHA, 2007.

Specifically, the licensee must ensure that:

A) All staff, caregivers, student placements and volunteers working in or visiting a long-term care home are tested for COVID-19 at the frequency outlined in the Minister's Directive.

Grounds / Motifs :

1. The Licensee has failed to ensure that every operational directive that applies to the long-term care home was complied with in relation to the Minister's Directive that relates to staff and visitors COVID-19 testing requirements.

On March 17, 2020, the Premier of Ontario Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

The Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing

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

and Access to Homes, effective March 15, 2021, required all staff, student placements and volunteers working in long-term care homes to be tested regularly, unless the exception for individuals who previously had laboratory confirmed COVID-19 applied. The testing requirements in the Minister's Directive included all individuals working in long-term care homes.

The Minister's Directive effective March 15, 2021, required long-term care homes to ensure that all staff, caregivers, student placements and volunteers working in or visiting a long-term care home were tested by choosing either of the two options:

a) An Antigen Test at a frequency set out in the Ministry of Health COVID-19 Guidance:

Considerations for Antigen Point-of-Care Testing effective March 15, 2021, or as amended, at a minimum (currently rapid antigen testing should be performed 2-3 times per week in yellow/orange/red/grey zones and 1-2 times per week in the green zone) OR

b) One Polymerase chain reaction (PCR) Test and one Antigen Test on separate days within a seven-day period.

The Minister's Directive also included the following provisions:

a) To ensure that staff, student placements and volunteers were not required to be tested on their days off.

b) Support workers and (where permitted) general visitors were required to undergo a "day of" antigen test unless they were tested the previous day (i.e. an antigen test result is valid for 2 days), and a test result must be obtained before entry to the home.

c) Staff, Students & Volunteers were to be tested as soon as possible after entry to the home.

A complaint was received related to implementation of rapid antigen testing as per the Minister's Directive.

An onsite inspection was conducted on April 17 and 22, 2021.

At the time of the inspection, the Home was not in an outbreak and was in a

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

public health unit region (Wellington-Dufferin-Guelph Health Unit) under a stay at home order, and were to follow the testing requirements for the grey zone.

The information gathered during this inspection showed the following:

The Home started rapid antigen testing on March 23, 2021, which was not in keeping with the Minister's Directive.

From March 23- April 18, 2021, the Home chose option b) one polymerase chain reaction (PCR) Test and one rapid antigen test on separate days within seven days. The Home offered this option to staff only.

From March 23 to April 18, 2021, 14 registered essential caregivers visited the Home without the rapid antigen testing, as it was not offered to them.

Essential caregiver #112 was coming daily to visit a resident, but was not tested using the rapid antigen test when they visited.

During this time the Home offered rapid antigen testing twice per week at scheduled times of 0600 to 1000 hours and 1300 to 1700 hours.

Restorative Aide (RA) #103, PSW #104, PSW #105, Housekeeper #106 and Dietary Aide #107, confirmed that they were tested on their days off.

RA #103, PSW #104 and #105 acknowledged they were not tested as soon as possible after entry to the Home. The staff members explained that their shift start time and rapid antigen testing times conflicted with resident care, and the test was completed at staffs' convenience.

The Home did not offer the rapid antigen testing to the night staff. The night staff had to complete the test the next day at the end of their shift.

The Director of Care (DOC) and the Director of Quality (DOQ) confirmed that from March 23- April 18, 2021, the rapid antigen test was not offered to essential caregivers.

Starting April 19, 2021, rapid antigen testing was to be fully implemented and

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

Ordre(s) de l'inspecteur

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

scheduled on Mondays, Wednesdays, Fridays and Saturdays with no PCR testing. This was offered to the essential caregivers; however, the timings for the testing remained the same. Staff continued to come in on their days off, they were not tested as soon as possible after entry to the home and night staff were tested the morning after completing their shift.

The DOQ acknowledged that staff had to come in on their days off and complete their antigen testing at different times during the shift. The Home did not offer the testing at various times during the day or to the night staff, and staff could not undergo a "day of" antigen test.

By not following the Minister's Directive in relation to testing, staff, residents and essential caregivers were at increased risk of disease transmission.

Sources: The Minister's Directive, observations, interview with Registered caregiver, Restorative Aide (RA) #103, PSW #104, Director of Care (DOC), Director of Quality (DOQ) and other staff.

An order was made by taking the following factors into account:

Severity: By not following the Minister's Directive in relation to COVID-19 testing requirements residents and staff were at risk of transmission of infection.

Scope: This non-compliance was widespread as a number of staff were not tested as soon as possible upon entry to the home, night shift staff were not tested until the following morning at the end of their shift and essential caregivers were not offered an antigen test between May 23, 2021 and April 18, 2021. Not following the Minister's Directive affected all home areas and placed the home at increased risk of infectious disease transmission.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with LTCHA s.174.1 (3) and Voluntary Plan of Correction (VPC) was issued to the home. (532)

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

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

May 09, 2021

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 :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must be compliant with s. 174.1 (3) of the LTCHA, 2007.

Specifically, the licensee must:

- A) Ensure that all staff participate in the implementation of the infection prevention and control program.
- B) Ensure that there is signage at the entrance to the home with regard to COVID-19 in accordance with the most current Minister's Directive.
- C) Ensure all staff have received education and training on how and when to perform hand hygiene. Document the education including the date provided, staff who attended, content of the education and who it was provided by.
- D) Ensure that ABHR is available at point-of-care and in common areas including but not limited to dining, lounge, elevator, main entrance, etc.

Grounds / Motifs :

1. The Licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

On April 17 and 22, 2021, observations were made on all home areas and the following infection prevention and control practices related to hand hygiene and signage at the entrance were noted.

- a) Alcohol based hand rubs (ABHRs) were not available for use at point of care. There were no ABHRs in any of the resident rooms or on the staff care carts.

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

Public Health completed an Infection Prevention and Control (IPAC) Outbreak Site Visit report dated February 2, 2021, and noted that ABHRs were not available within resident rooms and not always available directly outside each room. Public Health recommended that all rooms have ABHR available at point-of-care, including before exiting the residents' room.

PSW #115 shared that they used the soap in the residents' bathroom prior to providing care and did not carry ABHR or soap on the care carts. When staff needed to use the ABHR they had to come out to the hallway.

b) There was no ABHR available in the second-floor small dining room.

One ABHR was mounted above the microwave in the main floor dining room, not accessible to the residents, making it difficult for staff to reach.

There was no resident hand washing before and after the lunch meal on any of the home areas.

After the lunch meal in the second-floor dining room, staff used a basin with water and facecloths to wash different residents' hands and faces without changing the water or washing their own hands.

c) There was no signage at the entrance prompting staff and visitors to self-identify if they had signs and symptoms of COVID-19 nor signage to encourage proper mask use.

The Administrator confirmed that ABHR should be readily available in the home for personal hand hygiene to help prevent the spread of infections and acknowledged that the signage was removed from the door after the front entrance was renovated.

The breach of infection prevention and control practices increased the risk of infectious disease transmission throughout the home.

Sources: Observations, interview with PSW #115, the Administrator, and other staff and Ontario evidence-based hand hygiene (HH) program, "Just Clean Your Hands" (JCYH).

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

An order was made by taking the following factors into account:

Severity: The breach of infection prevention and control protocol and lack of hand hygiene put the residents and staff at risk of infection.

Scope: This non-compliance was widespread as there was no ABHR available in any of the residents' rooms and there was no resident hand washing before and after the lunch meal on any of the home areas.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with LTCHA s.229 (4) and Voluntary Plan of Correction (VPC) was issued to the home. (532)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jun 25, 2021

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

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.

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

**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 5th day of May, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Nuzhat Uddin

Service Area Office /

Bureau régional de services : Central West Service Area Office