

**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge 5e étage  
TORONTO ON M2M 4K5  
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Télécopieur: (416) 327-4486

**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 2, 2020	2020_767643_0020	015409-20, 018572-20	Critical Incident System

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**Licensee/Titulaire de permis**

2063414 Ontario Limited as General Partner of 2063414 Investment LP  
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Midland Gardens Care Community  
130 Midland Avenue SCARBOROUGH ON M1N 4E6

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

ADAM DICKEY (643), NAZILA AFGHANI (764)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): October 1, 2, 5, 6 and 7, 2020. Additional off-site inspection activities were conducted on October 14, 2020.**

**The following Critical Incident System (CIS) intakes were inspected during this inspection:**

**Log #015409-20, CIS #2789-000032-20 and Log #018572-20, CIS #2789-000043-20 - related to medication management.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Associate Director(s) of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW) and residents.**

**During the course of the inspection the inspector(s) conducted observations of medication administration and provision of care, reviewed resident health records, the home's incident investigation notes, the home's controlled substance counting sheets, controlled substance counting audits, professional advisory committee (PAC) meeting minutes and medication management policies and procedures.**

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

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

**3 WN(s)**

**2 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 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 the written policies and protocols for the medication management system were complied with for residents #006 and #013.

O. Reg. 79/10, s. 114. (2) requires that written policies and protocols be developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, registered staff did not comply with the home's policy "Controlled Substances and Narcotic Counts" revised May 2019, which directed staff to complete the counts at shift change with incoming and outgoing staff to sign that the count was completed and correct. Medical Pharmacies policy "Shift Change Monitored Drug Count" revised November 2018, directed two staff to together count, record and confirm monitored drug counts and immediately report discrepancies to the nursing management. Medical pharmacies policy "Medication Incident Reporting" revised June 2020, indicated to complete the "Medical Pharmacies Medication Incident Report" online to document any incident involving medication, although it is not clearly identified who should complete the online incident report.

Observation by the inspector showed RPN #136 had signed the narcotic sheet before attending the shift change monitored drug count with incoming RN #137. Observation of Narcotic blister sheet for resident #006 after the shift change on the same day, showed the filled slot blisters from 1-14, had an empty slot on #15, filled slot blisters 16-20 and in total 19 blisters were filled.

Review of the home's medication incident investigation notes showed:

**Inspection Report under  
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- Narcotic sheet count record for resident #006 was counted as 20 when the correct count was 19 and was not reported immediately.

Observation by the inspector of narcotic blister sheet for resident #013 showed an intact blister without a pill in slot number #13.

Review of Medical Pharmacies quality assurance summary report showed:

- missing signatures on count sheet for one resident home area;
- Narcotic sheet count record for resident #013 was counted as 16 when it was actually 15 since delivery in March 2020, captured upon Medical Pharmacies' quality assurance audit.

RPN #107 stated that on one occasion, they reported to management about receiving the medication cart key without attendance of the outgoing nurse for counting the narcotics. RPN #134 stated that as observed by the inspector, they counted the narcotics together with an outgoing nurse, and the signature was already written before counting. The registered staff and DOC stated that any discrepancy in narcotic counts should be reported to DOC/ADOC immediately, although the registered staff were not aware where to find the online form for reporting the incident.

Sources: Inspector observations, CIS report, narcotic and controlled substances counting sheets, resident #006 and #013 electronic medication administration records, the home's policy #VIII-E-10.40, titled "Controlled Substances and Narcotic Counts" revised May 2019, Medical Pharmacies' policy #6-6, titled "Shift Change Monitored Drug Count" revised November 2018, Medical pharmacies' policy #9-1, titled "Medication Incident Reporting" revised June 2020, interviews with registered staff and DOC.

2. The licensee has failed to ensure that the written policies and protocols for the medication management system were complied with for four residents.

Specifically, registered staff did not comply with the home's policy "The Medication Pass" revised January 2018, stated that "each resident receives the correct medication in the correct prescribed dosage, at the correct time, and by the correct route", also directing the staff to document on the medication administration record (MAR) in the proper space for each medication administered or document by code if medication not given.

Observation by the inspector, in one resident home area, showed the electronic medication administration record (eMAR) used by RPN #134, displayed red icons,

indicating late medication administration for 0800 hours for three residents. Review of medication administration audit report for the same date, showed the administration of medication scheduled for 0800 hrs for the residents were administered between 1147 and 1224 hours. Review of medication administration audit reports for another date, showed late administration of 0800 hrs medication for a fourth resident. The medications scheduled for 0800 hours were administered at 1046 and 1047 hours.

Interview with RPN #132 indicated that in case of any technical problem with eMAR access, the nurse should check the medication orders and the printed back up medication administration sheets to ensure that all medications are administered per physician's order at the right time. RPN #134 stated that there was a problem with eMAR and they did check the orders, but due to residents' refusal or sleeping, the medications were not given on time and no documentation was entered in the eMAR. Registered staff and DOC verified that the correct time for medication administration was considered one hour before and one hour after the scheduled time.

Sources: Inspector observations, eMAR module in the home, medication administration audit reports, Medical Pharmacies' policy #3-6, titled "The Medication Pass" revised January 2018, interviews with registered staff and DOC. [s. 8. (1) (b)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that narcotics were stored in a double locked container in the locked medication area.

Observation by the Inspector in the medication room on one resident home area showed an open box which contained narcotic medications kept with other boxes in a single locked refrigerator. Medical Pharmacies quality assurance summary report from the previous month, showed a narcotic medication was not stored under double lock on a second resident home area. In an interview, an RN verified that the narcotic medication was not stored in a double locked container.

Sources: Inspector observations, Medical Pharmacies' quality assurance summary reports, Medical Pharmacies' policy #6-6, titled "Shift Change Monitored Drug Count" revised November 2018, interviews with registered staff and DOC. [s. 129. (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 that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
  - i. persons who may dispense, prescribe or administer drugs in the home, and**
  - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that monthly audits of daily count sheets of controlled substances were undertaken.

Review of the home's Narcotic/Controlled Drugs monthly audits showed no record of audits of controlled substances daily count sheets for July and August, 2020. The monthly audit was undertaken for September, 2020, however there was no audit record of controlled substance count sheets for the third floor resident home area. ADOC #109 verified that no monthly narcotic audits were done for the months of July and August 2020 and only September 2020 was done. The DOC indicated that upon beginning in the role in August 2020, they didn't receive any monthly audits from the last DOC and the monthly audit was started on September 2020.

Sources: Narcotic/Controlled Drugs monthly audit records, the home's policy #VIII-E-10.40, titled "Controlled Substances and Narcotic Counts" revised May 2019, Medical Pharmacies' policy #6-6, titled "Shift Change Monitored Drug Count" revised November 2018, interviews with ADOC #109 and the DOC. [s. 130. 3.]

***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 with ensuring a monthly audit is undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered, to be implemented voluntarily.***

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**Issued on this 4th day of November, 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**

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

**Nom de l'inspecteur (No) :** ADAM DICKEY (643), NAZILA AFGHANI (764)

**Inspection No. /**

**No de l'inspection :** 2020\_767643\_0020

**Log No. /**

**No de registre :** 015409-20, 018572-20

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Nov 2, 2020

**Licensee /**

**Titulaire de permis :** 2063414 Ontario Limited as General Partner of 2063414  
Investment LP  
302 Town Centre Blvd., Suite 300, MARKHAM, ON,  
L3R-0E8

**LTC Home /**

**Foyer de SLD :** Midland Gardens Care Community  
130 Midland Avenue, SCARBOROUGH, ON, M1N-4E6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Lora Monaco

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**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

To 2063414 Ontario Limited as General Partner of 2063414 Investment LP, 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 :**

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

**Order / Ordre :**

The licensee must be compliant with O. Reg. 79/10, s. 8 (1).

Specifically, the licensee shall:

- 1) Conduct meetings with all registered staff members to:
  - a) reinforce the home's policy requiring attendance of two registered staff members for each shift controlled substance counts;
  - b) detail the role of the registered staff members in submitting online incident reports related to controlled substance counts; and
  - c) reinforce the home's policy regarding medication administration, timing and documentation.
- 2) Maintain a record of meeting(s) conducted including date, staff name and designation, the materials presented and name of person conducting the meeting(s).
- 3) Ensure monthly audits are carried out of the controlled substances count sheets as required by O. Reg. 79/10, s. 130. (3).

**Grounds / Motifs :**

1. The licensee has failed to ensure that the written policies and protocols for the medication management system were complied with for residents #006 and #013.

O. Reg. 79/10, s. 114. (2) requires that written policies and protocols be

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developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

Specifically, registered staff did not comply with the home's policy "Controlled Substances and Narcotic Counts" revised May 2019, which directed staff to complete the counts at shift change with incoming and outgoing staff to sign that the count was completed and correct. Medical Pharmacies policy "Shift Change Monitored Drug Count" revised November 2018, directed two staff to together count, record and confirm monitored drug counts and immediately report discrepancies to the nursing management. Medical pharmacies policy "Medication Incident Reporting" revised June 2020, indicated to complete the "Medical Pharmacies Medication Incident Report" online to document any incident involving medication, although it is not clearly identified who should complete the online incident report.

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counting the narcotics. RPN #134 stated that as observed by the inspector, they counted the narcotics together with an outgoing nurse, and the signature was already written before counting. The registered staff and DOC stated that any discrepancy in narcotic counts should be reported to DOC/ADOC immediately, although the registered staff were not aware where to find the online form for reporting the incident.

Sources: Inspector observations, CIS report, narcotic and controlled substances counting sheets, resident #006 and #013 electronic medication administration records, the home's policy #VIII-E-10.40, titled "Controlled Substances and Narcotic Counts" revised May 2019, Medical Pharmacies' policy #6-6, titled "Shift Change Monitored Drug Count" revised November 2018, Medical pharmacies' policy #9-1, titled "Medication Incident Reporting" revised June 2020, interviews with registered staff and DOC.

2. The licensee has failed to ensure that the written policies and protocols for the medication management system were complied with for four residents.

Specifically, registered staff did not comply with the home's policy "The Medication Pass" revised January 2018, stated that "each resident receives the correct medication in the correct prescribed dosage, at the correct time, and by the correct route", also directing the staff to document on the medication administration record (MAR) in the proper space for each medication administered or document by code if medication not given.

Observation by the inspector, in one resident home area, showed the electronic medication administration record (eMAR) used by RPN #134, displayed red icons, indicating late medication administration for 0800 hours for three residents. Review of medication administration audit report for the same date, showed the administration of medication scheduled for 0800 hrs for the residents were administered between 1147 and 1224 hours. Review of medication administration audit reports for another date, showed late administration of 0800 hrs medication for a fourth resident. The medications scheduled for 0800 hours were administered at 1046 and 1047 hours.

Interview with RPN #132 indicated that in case of any technical problem with eMAR access, the nurse should check the medication orders and the printed

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back up medication administration sheets to ensure that all medications are administered per physician's order at the right time. RPN #134 stated that there was a problem with eMAR and they did check the orders, but due to residents' refusal or sleeping, the medications were not given on time and no documentation was entered in the eMAR. Registered staff and DOC verified that the correct time for medication administration was considered one hour before and one hour after the scheduled time.

Sources: Inspector observations, eMAR module in the home, medication administration audit reports, Medical Pharmacies' policy #3-6, titled "The Medication Pass" revised January 2018, interviews with registered staff and DOC.

See WN #3 for evidence related to monthly audits of the daily count sheets of controlled substances.

An order was made by taking the following factors into account: The severity of the noncompliance was identified as minimal risk as controlled substances were not accurately accounted for, and resident medications were not administered as scheduled. The scope of the noncompliance was identified as a pattern as four of the six residents reviewed were affected. The home's compliance history over the past 36 months showed the home had been issued noncompliance related to this subsection during three separate inspections. (764)

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

Mar 05, 2021



**Order(s) of the Inspector**

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

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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:

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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

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](http://www.hsarb.on.ca).

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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

**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<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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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](http://www.hsarb.on.ca).

**Issued on this 2nd day of November, 2020**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Adam Dickey

**Service Area Office /**

**Bureau régional de services :** Toronto Service Area Office