



**Ministry of Health and
Long-Term Care**

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

**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**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
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Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Oct 26, 2018;	2018_583117_0008 (A1)	016151-18, 017368-18, 017370-18, 017372-18	Follow up

Licensee/Titulaire de permis

CVH (No. 4) GP Inc. as general partner of CVH (No. 4) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H
5L8

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

Manoir Marochel
949 Montreal Road OTTAWA ON K1K 0S6

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

Amended by LYNE DUCHESNE (117) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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On October 25, 2018, Manoir Marochel's Administrator requested an extension of the compliance due date for the order CO #001 to be extended to December 31 2018. As per the Administrator, this extension will provide the home's management team with the opportunity to evaluate the education provided and compliance with following CNO practice Standards as well as MOH O.Reg 79/10, s 131 (1).

It is noted that the request for extension was approved.

Issued on this 26 day of October 2018 (A1)

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

Original report signed by the inspector.



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Manoir Marochel
949 Montreal Road OTTAWA ON K1K 0S6

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

Amended by LYNE DUCHESNE (117) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Follow up inspection.

**This inspection was conducted on the following date(s): September 25, 26 and
27, 2018**



The following inspections were conducted concurrently:

- Follow Up inspection related to compliance order CO #001 LTCHA s. 6 (7) Plan of Care issued under inspection # 2018_583117_0004 (log # 017368-18)**
- Follow Up inspection related to compliance order CO #002 O.Reg. 79/10 s. 131(2) Medication Administration issued under inspection # 2018_583117_0004 (log # 017370-18)**
- Follow Up inspection related to compliance order CO #001 O.Reg. 79/10 114 (3) a) Medication Management System issued under inspection # 2018_583117_0004 (log # 017372-18)**
- Complaint Inspection related to resident care and services (log # 016151-18)**

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Extendicare Assist Consultant, the Advantage Care Pharmacy Services Director of Operations, the Advantage Care Pharmacy Services Pharmacist, several Registered Nurses (RNs), several Registered Practical Nurses (RPNs), several Personal Support Workers (PSWs), the Administrative Assistant, as well as to several residents.

In addition, during the course of the inspection, the inspector reviewed several resident health care records, observed the provision of resident care and services, observed the provision medication administration, reviewed the medication management system including medication reconciliation and associated staff education, reviewed the home's policy "Extendicare RC-16-01-04 Physician / Nurse Practitioner Orders", updated February 2017.

The following Inspection Protocols were used during this inspection:



Falls Prevention

Hospitalization and Change in Condition

Medication

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

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 114. (3)	CO #003	2018_583117_0004	117
O.Reg 79/10 s. 131. (2)	CO #002	2018_583117_0004	117
LTCHA, 2007 s. 6. (7)	CO #001	2018_583117_0004	117



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 131.

Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. (Log # 016151-18)



Resident #005 was admitted to the home on a specified date with multiple medical co-morbidities. At the time of the admission the resident's attending physician prescribed a controlled substance with a specified administration frequency of every six (6) hours.

A review of the resident's electronic Medication Administration Record (eMAR) and progress notes, document that the resident was administered the prescribed controlled substance as per the prescribed frequency, at specified administration times for two days. On the third day, eMAR documentation indicates that the resident received their prescribed controlled substance but it also noted a change in the last two medication administration times. For the following subsequent 9 days, the medication was documented in the eMAR and the Narcotic count sheets to have been administered at new administration times. This is a change of administration time from the initially prescribed administration frequency of every six (6) hours to a new administration frequency of every four (4) hours.

A review of the resident's health care record documents that on a specific day, the resident presented with a change in health status requiring the administration of a specified treatment and prescribed regular and as needed (PRN) medications. Medical orders and progress notes for the next 9 days document that the resident was presenting with ongoing changes in their health status. A review of the resident's medical orders, notes that on a specified day, the attending physician prescribed new orders for an ongoing treatment and then three days later, for a new medication. No prescription or order was found in the resident's health care record related to the change of administration frequency for the controlled substance to every 4 hours from every 6 hours.

On September 27, 2018, discussion was held with the home's pharmacist related to the change in the resident's controlled substance administration time. As per the pharmacist, the pharmacy received a fax "Nursing Communication Form to Pharmacy" on a specified day requesting a change of medication administration hours for the identified controlled substance. The change of medication administration hours was processed on the next business day, at which time, the changes were reflected and implemented on the eMAR. As per the pharmacist, change of administration hours are regularly done to accommodate various resident care needs. However, as this medication is a controlled substance, the registered staff should be following the home's medication policy in regards to the need for a new prescription.



The home's DOC and Extendicare Assist Consultant informed inspector #117 that they had been in communication with RN #115, who had worked on the specified day the change of administration hours was requested, and the resident's attending physician regarding the change in the resident's medication orders. The DOC said that there had been communication between RN #115 and the physician due to the resident's change in condition and the resident's medication / treatment needs. The attending physician had said to the DOC and the Extendicare Assist Consultant, on September 27, 2018, that there had been discussion at that time to change the resident's controlled substance order.

As per the DOC and the home's Extendicare Assist Consultant, a telephone/verbal order should have been completed and documented on the Physician Order form as this related to a change in the controlled substance administration frequency. This change required a new order, not a "Nursing Communication Form to Pharmacy" as this was a change in medication administration frequency.

As such, the resident was administered the controlled substance every 4 hours for a period of 9 days, when this medication had not been prescribed for the resident.
[s. 131. (1)]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

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



Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that any policy, protocol, procedure, strategy or system instituted or otherwise put in place:
(b) is complied with. (Log # 016151-18)

As per O.Reg. 79/10, s. 114 (2) The licensee shall ensure that written policies and protocols are 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.

The licensee has a policy Extendicare RC-16-01-04 "Physician / Nurse Practitioner Order", last updated February 2017, that states the following:

Telephone /Verbal Orders:

1. Clearly document the order on the Physician Order form provided by the pharmacy.
2. Clearly identify that this is a telephone order.
3. Read the order back to the physician/nurse practitioner to confirm accuracy paying particular attention to the correct dosage.
4. Date and sign with credentials the written order.
5. The physician / nurse practitioner is responsible on their next day in the home to countersign the order written by the nurse.

Resident #005 was admitted to the home on a specified day with multiple medical co-morbidities. At the time of the admission the resident's attending physician prescribed a controlled substance with a specified administration frequency of every six (6) hours.



A review of the resident's electronic Medication Administration Record (eMAR) and progress notes, document that the resident was administered the prescribed controlled substance as per the prescribed frequency, at specified administration times for two days. On the third day, eMAR documentation indicates that the resident received their prescribed controlled substance but it also noted a change in the last two medication administration times. For the following subsequent 9 days, the medication was documented in the eMAR and the Narcotic count sheets to have been administered at new administration times. This is a change of administration time from the initially prescribed administration frequency of every six (6) hours to a new administration frequency of every four (4) hours. A review of the resident's medical orders, notes that no prescription or order was found in the resident's health care record related to the change of administration frequency for the controlled substance. (See WN #1)

On September 27, 2018, discussion was held with the home's pharmacist related to the change in the resident's controlled substance administration time. As per the pharmacist, the pharmacy received a fax "Nursing Communication Form to Pharmacy" on a specified day requesting a change of medication administration hours. As per the pharmacist, change of medication administration hours are regularly done to accommodate various resident care needs. However, as this medication is a controlled substance, the registered staff should be following the home's medication policy in regards to the need for a new prescription.

The home's DOC and Extencicare Assist Consultant informed inspector #117 that they had been in communication with RN #115, who had worked on the specified day the change of administration hours was requested, and the resident's attending physician regarding the change in the resident's medication orders. The DOC said that there had been communication between RN #115 and the physician due to the resident's change in condition and the resident's medication / treatment needs. The attending physician had said to the DOC and the Extencicare Assist Consultant, on September 27, 2018, that there had been discussion at that time to change the resident's controlled substance order.

As per the DOC and the home's Extencicare Assist Consultant, a telephone/verbal order should have been documented on the Physician Order form as this related to a change in the controlled substance administration frequency. This change required a new order, not a "Nursing Communication Form to Pharmacy" as this was a change in medication administration frequency.



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As such, the home's policy regarding Telephone / Verbal Orders was not complied with as it relates to resident #005's change in medical order for a controlled substance to be administered every 6 hours to every 4 hours. [s. 8. (1)]

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 any policy, protocol, procedure, strategy or system instituted or otherwise put in place:

(b) is complied with, in regards to the home's medication management system, to be implemented voluntarily.



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Issued on this 26 day of October 2018 (A1)

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

Original report signed by the inspector.



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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
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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : Amended by LYNE DUCHESNE (117) - (A1)

Inspection No. /

No de l'inspection : 2018_583117_0008 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

No de registre : 016151-18, 017368-18, 017370-18, 017372-18 (A1)

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Oct 26, 2018;(A1)

Licensee /

Titulaire de permis : CVH (No. 4) GP Inc. as general partner of CVH (No. 4) LP
766 Hespeler Road, Suite 301, c/o Southbridge Care Homes, CAMBRIDGE, ON, N3H-5L8

LTC Home /

Foyer de SLD : Manoir Marochel
949 Montreal Road, OTTAWA, ON, K1K-0S6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Paul Beverley



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To CVH (No. 4) GP Inc. as general partner of CVH (No. 4) LP, you are hereby
required to comply with the following order(s) by the date(s) set out below:

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 131. (1) Every licensee of a long-term care home shall ensure
that no drug is used by or administered to a resident in the home unless the
drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Order / Ordre :



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The Licensee must be compliant with O. Reg. 79/10, s. 131 (1).
Specifically, the Licensee shall:

1. Ensure that residents who present with a change of condition necessitating telephone communication with the attending physician for telephone orders, have the Telephone Orders written on the Physician Order form provided by the pharmacy. This order is then to be sent to pharmacy as per the home's pharmacy services processes. Communication with the attending physician related to telephone orders is to be documented in the resident's health care record.
2. Ensure that residents necessitating a change of medication administration time to accommodate resident care needs, have the change of medication administration time as well as the reason for the change documented in the resident's progress notes and on the Nursing Communication Form to Pharmacy prior to sending to the pharmacy service provider.
3. Ensure that all registered nursing staff receive education related to the home's policies and processes for Telephone Orders as well as the policies and the use of the Nursing Communication Form to Pharmacy
4. Ensure that there is a process for the verification and reconciliation of all Telephone Orders and Nursing Communication Forms to Pharmacy, to ensure that medication orders are accurately documented in the resident's health care record.

Grounds / Motifs :

1. The licensee failed to ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. (Log # 016151-18)

Resident #005 was admitted to the home on a specified date with multiple medical co-morbidities. At the time of the admission the resident's attending physician prescribed a controlled substance with a specified administration frequency of every six (6) hours.

A review of the resident's electronic Medication Administration Record (eMAR) and



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progress notes, document that the resident was administered the prescribed controlled substance as per the prescribed frequency, at specified administration times for two days. On the third day, eMAR documentation indicates that the resident received their prescribed controlled substance but it also noted a change in the last two medication administration times. For the following subsequent 9 days, the medication was documented in the eMAR and the Narcotic count sheets to have been administered at new administration times. This is a change of administration time from the initially prescribed administration frequency of every six (6) hours to a new administration frequency of every four (4) hours.

A review of the resident's health care record documents that on a specific day, the resident presented with a change in health status requiring the administration of a specified treatment and prescribed regular and as needed (PRN) medications. Medical orders and progress notes for the next 9 days document that the resident was presenting with ongoing changes in their health status. A review of the resident's medical orders, notes that on a specified day, the attending physician prescribed new orders for an ongoing treatment and then three days later, for a new medication. No prescription or order was found in the resident's health care record related to the change of administration frequency for the controlled substance to every 4 hours from every 6 hours.

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resident's change in condition and the resident's medication / treatment needs. The attending physician had said to the DOC and the Extendicare Assist Consultant, on September 27, 2018, that there had been discussion at that time to change the resident's controlled substance order.

As per the DOC and the home's Extendicare Assist Consultant, a telephone/verbal order should have been completed and documented on the Physician Order form as this related to a change in the controlled substance administration frequency. This change required a new order, not a "Nursing Communication Form to Pharmacy" as this was a change in medication administration frequency.

As such, the resident was administered the controlled substance every 4 hours for a period of 9 days, when this medication had not been prescribed for the resident.

The risk is identified as a level 2 as there is minimal harm/risk or potential for actual harm related to medication prescriptions.

The scope is a level 1 isolated incident involving a resident. The home's compliance history is a level 4 as there has been ongoing non-compliance with a VPC or CO in the same related area.

Inspection # 2018_583117_0004 – A Compliance Order and Director Referral was issued on June 5, 2018 for O. Reg. 79/10 s. 131 (2) related to Medication Administration with a compliance due date of September 4, 2018. This order was found to be in compliance during this inspection.

Inspection # 2015_28657_0025 – a Voluntary Plan of Corrective Action was issued on December 14, 2015 for O. Reg. 79/10 s. 131 (2).

(117)

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

Dec 31, 2018(A1)



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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 Health and 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:

Health Services Appeal and Review Board and the Director



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Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
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Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

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

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.

**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 de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



**Ministry of Health and
Long-Term Care**

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

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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et 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 26 day of October 2018 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by LYNE DUCHESNE - (A1)



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Service Area Office / Ottawa
Bureau régional de services :