

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Public Report**

<b>Report Issue Date:</b> February 25, 2025
<b>Inspection Number:</b> 2025-1099-0001
<b>Inspection Type:</b> Proactive Compliance Inspection
<b>Licensee:</b> 675412 Ontario Inc.
<b>Long Term Care Home and City:</b> Northview Nursing Home, Englehart

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: February 10-14, and February 18-19, 2025  
The inspection occurred offsite on the following dates: February 13, 18, and 19, 2025

- One intake was inspected related to a Proactive Compliance Inspection (PCI).

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement

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Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (8)**

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that the Food and Nutrition Service Manager (FSM) was kept aware of the contents of the residents' plan of care and had convenient and immediate access to it.

At the time of the inspection, the FSM was granted access to the residents' plan of care in the home.

Sources: Observations; review of three resident's clinical records; and an interview with the FSM.

Date Remedy Implemented: February 12, 2025

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 96 (1) (a)**

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,  
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair.

The licensee has failed to ensure that as part of its organized maintenance services, the interior and exterior areas of the home were maintained in good repair. Specifically, a glass panel in the window of a resident room.

At the time of the inspection, the home implemented a temporary repair to the window.

Sources: Observations of a resident room; and an interview with the Maintenance Lead and the Administrator/Director of Care (DOC).

Date Remedy Implemented: February 11, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.**

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:  
10. The current version of the visitor policy made under section 267.

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The licensee has failed to ensure that the visitor policy was posted in the home.

At the time of the inspection, the most recent copy of the visitor policy was posted in the home.

Sources: Observations; and an interview with the Recreation Services Lead.

Date Remedy Implemented: February 10, 2025

### **WRITTEN NOTIFICATION: Plan of care**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that the plan of care for two residents provided clear direction regarding specific identified care needs to staff and others who provided direct care to the residents.

Sources: Resident electronic health records; and interviews with residents and a staff member.

### **WRITTEN NOTIFICATION: Plan of Care - no collaboration.**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (4) (b)**

Plan of care

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s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,  
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that staff members worked together to develop and implement a resident's plan of care for a specific care need, so that the various aspects of care were integrated and consistent with and complemented one another for the resident.

Sources: An assessment report, a resident's clinical records; and an interview with the Administrator/DOC and other staff members.

**WRITTEN NOTIFICATION: Licensee obligations if no Family Council**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 65 (7) (b)**

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,  
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure that when there was no Family Council in place at the home, the home convened semi-annual meetings to advise families of the right to establish a Family Council.

Sources: Interviews with the Administrator/DOC and other staff members.

**WRITTEN NOTIFICATION: Screening measures**

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NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 81 (1)**

Screening measures

s. 81 (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers.

The license has failed to ensure that the required screening measures were conducted in accordance with Ontario Regulation (O. Reg.) 246/22 before hiring a staff member.

Sources: An interview with a staff member.

**WRITTEN NOTIFICATION: Orientation**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 82 (2) 9.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

9. Infection prevention and control.

The licensee has failed to ensure that prior to performing their responsibilities, a staff member received training in all required infection prevention and control (IPAC) topics as identified in O. Reg. 246/22, s. 259 (2).

Sources: The home's Surge Learning education records for IPAC; and an interview with a staff member.

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## WRITTEN NOTIFICATION: Doors in a home

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were closed and locked when not supervised by staff.

Sources: Observations; and interviews with the Administrator/DOC and other staff members.

## WRITTEN NOTIFICATION: Air temperature

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 24 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that on multiple dates, the temperatures required to be measured in subsection (2) were documented.

Sources: Internal Temperature Logs; and an interview with the Administrator/DOC.

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## WRITTEN NOTIFICATION: Skin and Wound Program Evaluation

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that the home's skin and wound program was updated annually.

Sources: The home's records related to the skin and wound program; and an interview with the Administrator/DOC.

## WRITTEN NOTIFICATION: General requirements for programs

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who

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participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that a written record was kept of the program evaluation of the home's pain management program.

Sources: The home's records related to the pain management program and an interview with the Administrator/DOC.

### **WRITTEN NOTIFICATION: Nursing and personal support services**

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 35 (3) (d)**

Nursing and personal support services

s. 35 (3) The staffing plan must,

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 11 (3) of the Act, cannot come to work; and

The licensee has failed to ensure that its staffing plan for nursing and personal support services included a written back up plan to address situations in which staff could not come to work.

Sources: The home's staffing plans and an interview with the Administrator/DOC.

### **WRITTEN NOTIFICATION: Menu Planning**

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 77 (2) (b)**

Menu planning

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s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle, (b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and

The licensee has failed to ensure that the FSM and the registered dietitian of the home conducted menu cycle evaluations prior to menus being in effect.

Sources: Observations; home's menu cycle evaluation binder; and interviews with the FSM and the Registered Dietitian.

## **WRITTEN NOTIFICATION: Infection prevention and control**

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,  
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the additional requirements of the IPAC Standard issued by the Director, were followed by the home. Specifically regarding audits and the resolution of an outbreak.

Sources: IPAC audits, email correspondences, and the IPAC standard for Long-Term Care Homes (LTCHs); and interviews with the IPAC Lead, public health unit (PHU) staff members, and the Administrator/DOC.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (7) 7.**

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

7. Convening the interdisciplinary infection prevention and control team referred to in subsection (4) at least quarterly, and at a more frequent interval during an infectious disease outbreak in the home.

The licensee has failed to ensure that the IPAC lead convened an interdisciplinary IPAC meeting at least quarterly, in the home.

Sources: IPAC Committee terms of reference; and interview with the Administrator/DOC.

**WRITTEN NOTIFICATION: Infection prevention and control program**

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (10)**

Infection prevention and control program

s. 102 (10) The licensee shall ensure that the information gathered under subsection (9) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 246/22, s. 102 (10).

The licensee has failed to ensure that the infection control symptom screening information gathered by the home was reviewed and analyzed as set out in the Regulations.

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Sources: The home's IPAC symptom monitoring and surveillance records; and interviews with the IPAC Lead and the Administrator/DOC.

## **WRITTEN NOTIFICATION: Infection prevention and control**

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 102 (11)**

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

(b) a written plan for responding to infectious disease outbreaks. O. Reg. 246/22, s. 102 (11).

The licensee has failed to ensure that the home complied with its outbreak management system, specifically regarding reporting protocols and the establishment of a home-specific written plan for responding to infectious disease outbreaks.

Sources: The home's outbreak management policies and checklist; line listing for an outbreak, email correspondences, outbreak meeting minutes, and the IPAC Standard for LTCHs; and interviews with the Administrator/DOC and PHU staff members.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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NC #019 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.**

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

The licensee has failed to ensure that the IPAC lead worked the required hours per work.

Sources: The home's records related to IPAC hours; and an interview with the IPAC Lead.

**COMPLIANCE ORDER CO #001 Infection prevention and control program: Qualifications**

NC #020 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 23 (5)**

Infection prevention and control program

s. 23 (5) Every licensee of a long-term care home shall ensure that the infection prevention and control lead possesses the qualifications provided for in the regulations.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

1) Develop a written plan outlining how the home will ensure that the infection

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prevention and control (IPAC) lead meets the requirements as outlined in Ontario Regulation 246/22, section 102 (5), 102 (15) 1., and 259 (2). The plan must include the following:

- actions that will be undertaken,
- target dates,
- persons/roles responsible for enacting the plan, and
- measures put in place to ensure the plan is followed.

2) Keep a record of the plan.

**Grounds**

The licensee has failed to ensure that the home's infection prevention and control (IPAC) lead had the qualifications provided for in the regulations.

**Rationale and Summary**

At the time of the inspection the designated IPAC Lead for the home did not have the required qualifications in infection prevention and control.

When the licensee failed to ensure that the IPAC lead had the qualifications to perform the role and responsibilities of the position, there was moderate risk to residents in the home.

Sources: The home's Surge Learning education records; and interviews with the IPAC Lead and Administrator/DOC.

**This order must be complied with by** March 14, 2025

**COMPLIANCE ORDER CO #002 Air temperature**

NC #021 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 24 (1)**

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Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Develop and implement a written process that identifies the immediate action(s) to be taken when the air temperature of the home is below 22 degrees Celsius.
- 2) The process developed in 1) must include the following requirements:
  - documentation of the action(s) taken to resolve the lower temperatures;
  - the name of the person who completed the action(s);
  - the outcome of the action(s) taken; and
  - how the home will monitor compliance with O. Reg. 246/22, s. 24 (2), (3) and (4) and of the process developed in 1).
- 3) Train all staff who are responsible for taking, recording, and responding to concerns related to air temperatures in the home, on the process developed in 1).

**Grounds**

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius on multiple days.

**Rationale and Summary**

On multiple days, over a specified period of time, the home's temperatures were not maintained at a minimum of 22 degrees Celsius. Additionally, there was not always documentation that actions were taken to address the lower temperatures.

When the licensee failed to ensure that the air temperatures in the home were maintained above 22 degrees Celsius, residents were put at risk for discomfort and cold-related illnesses.

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Sources: The home's temperature logs; and an interview with the  
Administrator/DOC.

**This order must be complied with by** March 28, 2025

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).