

**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**London Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 9, 2021	2020_607523_0034	003733-20, 003734- 20, 019381-20	Follow up

Licensee/Titulaire de permisVigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 Markham ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Secord Trails Care Community
263 Wonham Street South Ingersoll ON N5C 3P6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ALI NASSER (523)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): December 7, 8, 9, 10, 14, 15, 16, 17, 18 and 22, 2020.

This Inspection was completed concurrently with Complaint inspection #2020_607523_0035.

A non compliance found in inspection #2020_607523_0035 was issued under this inspection.

This inspection was completed for the following:

Intake Log #003733-20, Follow-up to CO#002 from inspection #2019_725522_0018 / 019111-19, 019112-19, 019142-19, 023143-19, 023663-19 regarding s. 6. (9).

Intake Log #003734-20, Follow-up to CO#009 from inspection #2019_725522_0018 / 019111-19, 019112-19, 019142-19, 023143-19, 023663-19 regarding s. 101. (3).

Intake Log #019381-20, Follow-up to CO#003 from inspection #2020_725522_0003 / 012700-20, 013158-20, 013561-20, 014915-20 regarding r. 51. (2).

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Clinical Care Partner, Environmental Services Manager, Assistant Director of Care, Staffing Coordinator, Office Manager, seven Registered staff members, 10 Personal Support Workers, eight residents and one family member.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Minimizing of Restraining

Personal Support Services

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

9 WN(s)

3 VPC(s)

6 CO(s)

3 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 # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 101. (3)	CO #009	2019_725522_0018	523
O.Reg 79/10 s. 51. (2)	CO #003	2020_725522_0003	523
LTCHA, 2007 S.O. 2007, c.8 s. 6. (9)	CO #002	2019_725522_0018	523

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care for a specific resident was based on an assessment of the resident and the resident's specific needs and preferences.

A review of the resident's plan of care showed specific intervention.

During the inspection observations showed the resident did not use the specific intervention.

In an interview a PSW and two RPNs said the resident did not use this intervention. They said the resident may have used the intervention before but the resident condition have changed and the plan of care was not updated to reflect the resident's current needs.

Sources: resident's plan of care, staff interviews and resident observations.

2. The licensee has failed to ensure that a specific resident's plan of care was based on an assessment of the resident's specific care requirements.

A complaint was received by the Ministry of Long-Term Care (MLTC) related to care concerns involving a resident's specific care needs.

Clinical record review and staff interviews showed the resident's plan of care was not up to date and did not reflect the resident's individualized care needs.

Sources: Staff interviews, complainant interview and resident's plan of care.

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (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 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 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. O. Reg. 79/10, s. 30 (1).**
- 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 participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

The licensee has failed to ensure that a written record relating to each evaluation of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation were kept.

In an interview Administrator and DOC said that they were not able to find any record of the annual evaluation of the required programs.

Sources: staff interviews.

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**Specifically failed to comply with the following:****s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).****Findings/Faits saillants :**

The licensee has failed to ensure that a written record was kept relating to staffing plan and back up plan evaluation under clause (3) (e) that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

On February 27, 2020, during Critical Incident inspection #2019_725522_0018 Compliance Order (CO) #009 was issued which included “The licensee must comply with s. 101 (3) of LTCHA 2007.

Specifically, the licensee must ensure:

Evaluate and revise the home’s staffing plan and “Contingency Plan” document to ensure the staffing compliment meets the assessed care and safety needs of the residents of the home, until such a time that the home is fully staffed, according to the staffing plan. The evaluation and revision must be documented including the date it was conducted, the names and signatures of the participants, the results of the evaluation and what was done with the results of the evaluation.”

During an interview DOC reviewed compliance order with inspector. DOC said there was no written record of the evaluation and revision of the staffing and contingency plan as per the compliance order.

Sources: inspection #2019_725522_0018 and staff interview.

Additional Required Actions:

***CO # - 003 will be served on the licensee. Refer to the “Order(s) of the Inspector”.
DR # 002 – The above written notification is also being referred to the Director for
further action by the Director.***

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or
her plan of care, to promote and manage bowel and bladder continence based on
the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

The licensee has failed to ensure that specific residents who are incontinent have an individualized plan of care to promote and manage bowel and bladder continence.

A clinical record review for the specific residents and staff interviews showed that the plans of care had no direction on how frequent the residents needed to be checked, toileted or changed.

In an interview Clinical Care Partner reviewed the specific assessments and the plan of care for the residents and said that the assessment and the plan of care were very generic and not individualized to provide specific care for those residents.

Sources: resident's clinical record and staff interviews.

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 216. Training and orientation program

Specifically failed to comply with the following:

s. 216. (3) The licensee shall keep a written record relating to each evaluation under subsection (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 216 (3).

Findings/Faits saillants :

The licensee has failed to ensure a written record was kept relating to the evaluation of the Training and Orientation Program that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

In an interview Administrator said that they don't have a written record of the program evaluation and they were not sure if it was completed by the previous administration. Administrator said that they had identified gaps since they started in the home and they will be completing the annual evaluation of the programs.

Sources: staff interview.

Additional Required Actions:

CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:**Conditions of licence**

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

The licensee has failed to comply with every order made under the LTCHA.

On February 27, 2020, during Critical Incident inspection #2019_725522_0018 the following Compliance Orders (CO) were issued:

CO #002 stated "The licensee must comply with s. 6 (9) 1 of LTCHA 2007.

The licensee shall prepare, submit and implement a plan to ensure the provision of care set out in the plan of care for specific resident's and all other residents is documented.

The plan must include, but is not limited, to the following:

- a) An ongoing auditing process to ensure the provision of care for all residents is documented in electronic and hard copy form, including DOS charting. Include who will be responsible for completing the audits and evaluating the results.
- b) Training and education with all PSWs related to electronic and hard copy documentation, including a description of the education that will occur, who will be responsible for providing the education and education material, and the dates this education will occur. A written record of attendees must be kept.

Please submit the written plan for achieving compliance for inspection 2019_725522_0018 to Julie Lampman, LTC Homes Inspector, MLTC, by email to LondonSAO.MOH@ontario.ca by March 13, 2020.

Please ensure that the submitted written plan does not contain any PI/PHI."

The compliance due date was November 30, 2020.

CO #009 was issued which included "The licensee must comply with s. 101 (3) of LTCHA 2007.

Specifically, the licensee must ensure:

- a) Ensure resident care, as per the resident's individualized plan of care, is documented in Point of Care.
- b) Develop and implement an auditing process to ensure that all residents receive continence care and assistance with turning and repositioning as per their individualized

plan of care and that resident care is documented in Point of Care. The auditing process must be documented. A documented record of these audits must be kept in the home and must include the dates conducted, the names and signatures of the participants, the results of the review and what changes were implemented as a result of the review."

A review with DOC and Clinical Care Partner of the Point of Care Audit Report-Missing Documentations for a specific period of time showed missing documentation for provisions of care for 56 residents including residents.

In an interview a RPN said that they were not aware of any audit tool to be completed to ensure Dementia Observation System (DOS) charting was completed on specific residents.

In an interview a RN said they were not aware that they had to complete an audit to ensure the provisions of care were documented.

During an interview Administrator and Clinical Care Partner reviewed the Compliance Plan submitted by the home, they said that this plan was submitted by the previous administration team and they did not know that this plan had existed. Clinical Care Partner said that they were not aware of any charting audit tool that was implemented for DOS charting.

Administrator said that there has been a disconnect and the plan submitted by the home has not been implemented.

Administrator and Clinical Care Partner said they were not able to find a process or audits that were done to ensure that the resident's care was documented in point of care.

Sources: Inspection #2019_725522_0018, Point Click Care Audit Report and staff interviews.

Additional Required Actions:

***CO # - 006 will be served on the licensee. Refer to the “Order(s) of the Inspector”.
DR # 003 – The above written notification is also being referred to the Director for
further action by the Director.***

**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20.
Policy to promote zero tolerance**

Specifically failed to comply with the following:

**s. 20. (1) Without in any way restricting the generality of the duty provided for in
section 19, every licensee shall ensure that there is in place a written policy to
promote zero tolerance of abuse and neglect of residents, and shall ensure that
the policy is complied with. 2007, c. 8, s. 20 (1).**

Findings/Faits saillants :

The licensee has failed to ensure that the written policy to promote zero tolerance of
abuse and neglect of residents was complied with by a specific RPN.

A review of the home's policy title: Prevention of Abuse & Neglect of a Resident, policy #
VII-G-10.00 showed “ All team members (employees, Volunteers, agency staff, private
duty caregivers, contracted service providers), residents and families are required to
immediately report any suspected or known incident of abuse or neglect to the provincial
health authorities and the Executive Director or designate in charge of the care
community. Abuse for this reporting is defined as: Improper or incompetent treatment or
care of a resident that resulted in harm or a risk of harm to the resident.”

In an interview a RPN said that on a specific date, they suspected incompetent treatment
or care was given to a specific resident. RPN did not report those concerns immediately.

In an interview Administrator said that the RPN did not comply with the home's policy by
not immediately reporting allegations of improper treatment or care to a resident.

Sources: home's Prevention of Abuse and Neglect of a Resident policy, staff interviews.

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 the written policy to promote zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 26. Whistle-blowing protection

Specifically failed to comply with the following:

s. 26. (1) No person shall retaliate against another person, whether by action or omission, or threaten to do so because,

(a) anything has been disclosed to an inspector; 2007, c. 8, s. 26 (1).

(b) anything has been disclosed to the Director including, without limiting the generality of the foregoing,

(i) a report has been made under section 24, or the Director has otherwise been advised of anything mentioned in paragraphs 1 to 5 of subsection 24 (1),

(ii) the Director has been advised of a breach of a requirement under this Act, or

(iii) the Director has been advised of any other matter concerning the care of a resident or the operation of a long-term care home that the person advising believes ought to be reported to the Director; or 2007, c. 8, s. 26 (1).

(c) evidence has been or may be given in a proceeding, including a proceeding in respect of the enforcement of this Act or the regulations, or in an inquest under the Coroners Act. 2007, c. 8, s. 26 (1).

Findings/Faits saillants :

**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**

The licensee has failed to ensure that no person should retaliate against another person, whether by action or omission, or threaten to do so because anything has been disclosed to the Director including, without limiting the generality of the foregoing, (i) a report has been made under section 24.

Pursuant to LTCHA 2007, s. 152 (2) the licensee is vicariously liable for staff members failing to comply with subsection 24 (1).

During the inspection a RPN said they were disciplined by the home because they reported to the Director allegations of staff to resident abuse.

A review of Investigation Follow Up Letter signed by the Administrator on a specific date to the RPN showed the RPN was disciplined for reporting allegations of improper care to the Ministry of Long-Term health.

The home's policy titled: MOHLTC-Whistle Blower Protection (ON), Policy @: XXIII-D-10.30. Current Revision: June 2019, stated:

"The Executive Director will ensure that no person shall retaliate against another person, whether by action or omission or threaten to do so because of:

- . anything they disclose to an inspector
- . anything they disclose to the Director, Ministry of Health and Long Term care
- . evidence they have or may give in a proceeding, including a proceeding in respect of the enforcement of the long term care homes act, the regulations or an inquest under the Coroner's Act 2007."

In an interview Administrator said that the suspension was dropped to written warning as RPN did not report immediately the allegations of abuse to the home. The Administrator was not able to provide the documented written warning.

Sources: home's investigation notes, home's Whistle Blower Protection policy and staff interviews.

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 no person shall retaliate against another person, whether by action or omission, or threaten to do so because anything has been disclosed to the Director including, without limiting the generality of the foregoing, (i) a report has been made under section 24, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).

Findings/Faits saillants :

The licensee has failed to ensure that a PASD described in subsection (1) was used to assist a resident with a routine activity of living only if the use of the PASD was included in the resident's plan of care.

Multiple observations during the inspection showed a specific resident was using a specific PASD intervention.

In an interview a PSW said the resident was using the PASD all the time they were not in bed. They said that this intervention was not in the plan of care.

During an interview a RPN reviewed the resident's plan of care, they were not able to find any interventions related to a the PASD. The RPN said this intervention should be in the plan of care for the resident.

Sources: resident observations, resident's clinical record and staff interviews.

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 a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care, to be implemented voluntarily.

Issued on this 16th day of February, 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) : ALI NASSER (523)

Inspection No. /

No de l'inspection : 2020_607523_0034

Log No. /

No de registre : 003733-20, 003734-20, 019381-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 9, 2021

Licensee /

Titulaire de permis : Vigour Limited Partnership on behalf of Vigour General
Partner Inc.
302 Town Centre Blvd, Suite 300, Markham, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Secord Trails Care Community
263 Wonham Street South, Ingersoll, ON, N5C-3P6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Tammy Smith

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 Vigour Limited Partnership on behalf of Vigour General Partner Inc., 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. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Order / Ordre :

The licensee shall comply with s. 6 (2) of LTCHA, 2007.
Specifically, the licensee shall complete the following:

A review of the plan of care for specific residents to ensure that the care set out in the plan is based on an assessment of each resident and their needs and preferences, including but limited to, the use of PASD and continence care.

Grounds / Motifs :

1. The licensee has failed to ensure that the plan of care for a specific resident was based on an assessment of the resident and the resident's specific needs and preferences.

A review of the resident's plan of care showed specific intervention.

During the inspection observations showed the resident did not use the specific intervention.

In an interview a PSW and two RPNs said the resident did not use this intervention. They said the resident may have used the intervention before but the resident condition have changed and the plan of care was not updated to reflect the resident's current needs.

Sources: resident's plan of care, staff interviews and resident observations.

(523)

2. The licensee has failed to ensure that a specific resident's plan of care was

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

based on an assessment of the resident's specific care requirements.

A complaint was received by the Ministry of Long-Term Care (MLTC) related to care concerns involving a resident's specific care needs.

Clinical record review and staff interviews showed the resident's plan of care was not up to date and did not reflect the resident's individualized care needs.

Sources: Staff interviews, complainant interviews and resident's plan of care.
(740)

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

Severity: The home's failure to comply with this section posed a minimal risk to the residents.

Scope: This non-compliance was widespread two out of two residents.

Compliance history: Previous written notifications, voluntary plan of correction and compliance orders were issued for this section.

(523)

This order must be complied with by /

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

Mar 26, 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. 30. (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 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

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.

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 participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Order / Ordre :

The licensee shall comply with s. 30(1) of O. Reg. 79/10. Specifically, the licensee shall complete the following:

a) The licensee shall complete an evaluation of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation.

b) A written record shall be kept relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

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

Grounds / Motifs :

1. The licensee has failed to ensure that a written record relating to each evaluation of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation were kept.

In an interview Administrator and DOC said that they were not able to find any record of the annual evaluation of the required programs.

Sources: staff interviews.

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

Severity: The home's failure to comply with this section posed a minimal risk to the residents.

Scope: This non-compliance was widespread as it may impact all residents in the home.

Compliance history: Previous written notifications and voluntary plan of correction were issued for this section.

(523)

This order must be complied with by /

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

Mar 26, 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 : 003

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Order / Ordre :

The licensee shall comply with s. 31(4) of O. Reg. 79/10. Specifically, the licensee shall complete the following:

- a) The licensee shall complete an evaluation in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices of the staffing plan and back up plan to ensure they provide a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation.
- b) A written record shall be kept relating to staffing plan and back up plan evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Grounds / Motifs :

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

1. The licensee has failed to ensure that a written record was kept relating to staffing plan and back up plan evaluation under clause (3) (e) that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

On February 27, 2020, during Critical Incident inspection #2019_725522_0018 Compliance Order (CO) #009 was issued which included "The licensee must comply with s. 101 (3) of LTCHA 2007.

Specifically, the licensee must ensure:

Evaluate and revise the home's staffing plan and "Contingency Plan" document to ensure the staffing compliment meets the assessed care and safety needs of the residents of the home, until such a time that the home is fully staffed, according to the staffing plan. The evaluation and revision must be documented including the date it was conducted, the names and signatures of the participants, the results of the evaluation and what was done with the results of the evaluation."

During an interview DOC reviewed compliance order with inspector. DOC said there was no written record of the evaluation and revision of the staffing and contingency plan as per the compliance order.

Sources: inspection #2019_725522_0018 and staff interview.

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

Severity: The home's failure to comply with this section posed a minimal risk to the residents.

Scope: This non-compliance was widespread as it may impact all residents in the home.

Compliance history: Previous written notifications, voluntary plan of correction and compliance orders were issued for this section.

(523)

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

Mar 26, 2021

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

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 : 004

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
- (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

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

The licensee shall comply with s. 51 (2) of O. Reg. 79/10.
Specifically, the licensee shall complete the following:

The licensee shall review and complete continence care assessments for
specific residents and all other residents to ensure the assessments and plan of
care are individualized to the resident's needs and preferences.

Grounds / Motifs :

1. The licensee has failed to ensure that specific residents who are incontinent
have an individualized plan of care to promote and manage bowel and bladder
continence.

A clinical record review for the specific residents and staff interviews showed
that the plans of care had no direction on how frequent the residents needed to
be checked, toileted or changed.

In an interview Clinical Care Partner reviewed the specific assessments and the
plan of care for the residents and said that the assessment and the plan of care
were very generic and not individualized to provide specific care for those
residents.

Sources: resident's clinical record and staff interviews.

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

Severity: The home's failure to comply with this section posed a minimal risk to
the residents.

Scope: This non-compliance was widespread as it impacted three out of three
residents.

Compliance history: Previous written notifications and compliance order were
issued for this section
(523)

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

Mar 26, 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 :** 005**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 216. (3) The licensee shall keep a written record relating to each evaluation under subsection (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 216 (3).

Order / Ordre :

The licensee shall comply with s. 216 (3) of O. Reg. 79/10.
Specifically, the licensee shall complete the following:

- a) The licensee shall ensure the Training and Orientation program is evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
- b) A written record shall be kept relating to the evaluation of the Training and Orientation Program that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Grounds / Motifs :

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

1. The licensee has failed to ensure a written record was kept relating to the evaluation of the Training and Orientation Program that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

In an interview Administrator said that they don't have a written record of the program evaluation and they were not sure if it was completed by the previous administration. Administrator said that they had identified gaps since they started in the home and they will be completing the annual evaluation of the programs.

Sources: staff interview.

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

Severity: The home's failure to comply with this section posed a minimal risk to the residents.

Scope: This non-compliance had the potential to impact majority of the residents.

Compliance history: No previous non compliance was issued for this section.

(523)

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

Mar 26, 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 : 006

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, Conditions of licence s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Order / Ordre :

The licensee shall comply with s. 101 (3) of LTCHA, 2007.
Specifically the licensee shall:

1. On a daily basis, ensure that registered nursing staff conduct at least 5(?) audits of resident's health care records to assess staff adherence to each resident's plan of care, including but not limited to, the management of responsive behavior, the use of physical restraints and/or PASD, continence care and repositioning of residents with altered skin integrity;
2. Tabulate audit results at the end of each 24-hour period;
3. Review the daily tabulated audit results with the Director of Care to ensure actions are taken to address identified care and/or documentation deficiencies; and
4. On a weekly basis, until the compliance due date is reached, the Administrator and the Regional Sienna representative provide Sienna Corporate with a written, detailed action plan and progress report to effectively address the underlying systemic issues affecting overall performance, with a special focus on leadership, clinical skills, staff education and on-going quality improvement.

Grounds / Motifs :

1. The licensee has failed to comply with every order made under the LTCHA.

On February 27, 2020, during Critical Incident inspection #2019_725522_0018

Order(s) of the Inspector

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

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the following Compliance Orders (CO) were issued:

CO #002 stated "The licensee must comply with s. 6 (9) 1 of LTCHA 2007.

The licensee shall prepare, submit and implement a plan to ensure the provision of care set out in the plan of care for specific resident's and all other residents is documented.

The plan must include, but is not limited, to the following:

- a) An ongoing auditing process to ensure the provision of care for all residents is documented in electronic and hard copy form, including DOS charting. Include who will be responsible for completing the audits and evaluating the results.
- b) Training and education with all PSWs related to electronic and hard copy documentation, including a description of the education that will occur, who will be responsible for providing the education and education material, and the dates this education will occur. A written record of attendees must be kept.

Please submit the written plan for achieving compliance for inspection

2019_725522_0018 to Julie Lampman, LTC Homes Inspector, MLTC, by email to LondonSAO.MOH@ontario.ca by March 13, 2020.

Please ensure that the submitted written plan does not contain any PI/PHI."

The compliance due date was November 30, 2020.

CO #009 was issued which included "The licensee must comply with s. 101 (3) of LTCHA 2007.

Specifically, the licensee must ensure:

- a) Ensure resident care, as per the resident's individualized plan of care, is documented in Point of Care.
- b) Develop and implement an auditing process to ensure that all residents receive continence care and assistance with turning and repositioning as per their individualized plan of care and that resident care is documented in Point of Care. The auditing process must be documented. A documented record of these audits must be kept in the home and must include the dates conducted, the names and signatures of the participants, the results of the review and what changes were implemented as a result of the review."

A review with DOC and Clinical Care Partner of the Point of Care Audit Report-Missing Documentations for a specific period of time showed missing documentation for provisions of care for 56 residents including residents.

In an interview a RPN said that they were not aware of any audit tool to be

Order(s) of the Inspector

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completed to ensure Dementia Observation System (DOS) charting was completed on specific residents.

In an interview a RN said they were not aware that they had to complete an audit to ensure the provisions of care were documented.

During an interview Administrator and Clinical Care Partner reviewed the Compliance Plan submitted by the home, they said that this plan was submitted by the previous administration team and they did not know that this plan had existed. Clinical Care Partner said that they were not aware of any charting audit tool that was implemented for DOS charting.

Administrator said that there has been a disconnect and the plan submitted by the home has not been implemented.

Administrator and Clinical Care Partner said they were not able to find a process or audits that were done to ensure that the resident's care was documented in point of care.

Sources: Inspection #2019_725522_0018, Point Click Care Audit Report and staff interviews.

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

Severity: The home's failure to comply with reissued compliance order #002 and #009 from inspection #2019_725522_0018 posed a risk to the residents.

Scope: This non-compliance was widespread as 54 residents had missing documentations.

Compliance history: A compliance order (CO) is being re-issued for the licensee failing to comply with compliance order related to s. 6 (9) from inspection #2019_725522_0018 issued on February 27, 2020.

Previous written notifications, voluntary plan of correction and compliance orders were issued for this section. (523)

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

Mar 26, 2021

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

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section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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

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

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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^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 9th day of February, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Ali Nasser

Service Area Office /

Bureau régional de services : London Service Area Office