

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: March 23, 2026

Inspection Number: 2026-1252-0002

Inspection Type:
Proactive Compliance Inspection

Licensee: Omni Quality Living (East) Limited Partnership by its general partner, Omni Quality Living (East) GP Ltd.

Long Term Care Home and City: Pleasant Meadow Manor, Norwood

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 2-5, 9-12, 16, 18-19, 23, 2026.

The inspection occurred offsite on the following date(s): March 6, 17, 20, 2026.

The following intake(s) were inspected:

- Intake: #00167847 - PCI - Standard

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

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

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Residents' Rights and Choices

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: O. Reg. 246/22, s. 41 (1) (a)

Personal items and personal aids

s. 41 (1) Every licensee of a long-term care home shall ensure that each resident of the home has their personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items.

Personal care items were observed not labelled.

Sources: observations; and an interview with a manager.

Date Remedy Implemented: March 11, 2026

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible.

A resident was known to exhibit responsive behaviours. The clinical health record for the resident identified the resident was to have enhanced staffing to prevent risk of harm to co-residents. The resident was observed sitting in a resident home area unattended.

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Sources: observations; clinical health record for the resident.

Date Remedy Implemented: March 3, 2026

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

Beverages containing dairy were observed sitting at room temperature during the inspection.

Sources: observations.

Date Remedy Implemented: March 10, 2026

WRITTEN NOTIFICATION: Home to be safe, secure environment

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

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

1. Ice build-up was observed on the walkway within a resident outdoor area.

Sources: observations; and interviews.

2. Snow was observed blocking balcony doors. The balcony is a resident accessible area.

Sources: observations; and interviews.

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WRITTEN NOTIFICATION: Plan of Care

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

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

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,
(a) the planned care for the resident.

A staff confirmed the written planned care for a resident had missing fields in the care plan that were required for staff to provide resident care.

Sources: the resident's clinical records and an interview.

WRITTEN NOTIFICATION: Duty of the licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A record review indicated a resident's plan of care was not followed when the documentation in the residents progress notes did not indicate the total intake and output.

Sources: resident's clinical records, and an interview.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

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A staff confirmed a resident's turning and repositioning schedule had missed documented entries.

Sources: the resident's clinical records, and an interview.

WRITTEN NOTIFICATION: When reassessment, revision is required

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

Staff confirmed the care plan was not reviewed and revised when a resident's assistive care device and the treatment were no longer required.

Sources: the resident's clinical records, and interviews.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

During the initial tour, and dates throughout the inspection the following was observed:

- privacy curtains were observed hanging off of the ceiling curtain track.
- light bulbs were burnt out in resident accessible elevators;
- therapeutic air surfaces were heard constantly alarming.

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Sources: observations, maintenance logs, and interviews.

WRITTEN NOTIFICATION: Advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The Family Council meeting minutes were reviewed. Documentation failed to identify the licensee sought the advice of the Council prior to carrying out the survey.

Sources: Family Council meeting minutes, and interviews.

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The Resident Council meeting minutes were reviewed. Documentation failed to identify that concerns and/or recommendations of the Council had been addressed in writing, by the licensee, within 10 days.

Sources: Resident Council meeting minutes, and interviews.

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or

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recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

Record Review and interviews confirmed there were missed responses to the Family Council within the 10 day period to address the Councils questions and concerns.

Sources: meeting minutes and interviews.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.

Doors in a home

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

2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

Doors leading to a secured resident outdoor area were unable to be locked by staff and managers. A door leading into the secured outdoor area was observed to have a metal plate covering the doors locking mechanism.

A manager indicated the doors to the secured outdoor area could not be locked as the strike mechanism of the doors were not functioning.

Sources: observations, and interviews.

WRITTEN NOTIFICATION: Privacy curtains

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

Non-compliance with: O. Reg. 246/22, s. 16

Privacy curtains

s. 16. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

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Privacy curtains in shared resident rooms did not enclose each resident's bedspace.

Sources: observations, and interviews.

WRITTEN NOTIFICATION: Air temperature

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

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

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.

Air temperature logs were reviewed. Documentation identified the long-term care home was not being maintained at a minimum air temperature of 22 degrees Celsius (°C). Documentation failed to identify that corrective action had been taken to rectify the temperature at times identified.

Sources: observations, air temperatures logs, and the licensee policy.

WRITTEN NOTIFICATION: Air temperature

NC #016 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's air temperature logs were reviewed. Documentation failed to identify that air temperature in the long-term care home was being consistently taken and recorded as required.

Sources: air temperatures logs, licensee policy, and interviews.

WRITTEN NOTIFICATION: General requirements

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NC #017 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 participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A manager confirmed the written record for the annual skin and wound care program evaluation did not include the dates the changes were implemented to the program.

Sources: Skin and Wound Care Program Evaluation, and an interview.

WRITTEN NOTIFICATION: Nursing and personal support services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (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.

A manager confirmed the written annual staffing plan did not include the names of the persons who participated in the evaluation.

Sources: Staffing Program Evaluation, and an interview.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

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s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee's policy indicated a pain evaluation tool was to be completed on the medication administration record after the administration of a PRN medication. The record review and an interview with staff confirmed the registered staff did not document the effect on several occasions when the PRN medication was administered to a resident.

Sources: licensee policy, resident's clinical health record, and an interview.

WRITTEN NOTIFICATION: Skin and wound care

NC #020 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

A staff confirmed the registered staff did not complete a weekly reassessment of a resident's pressure injury.

Sources: licensee policy, a resident's clinical health record, and an interview.

WRITTEN NOTIFICATION: Food production

NC #021 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78

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(3).

1.A staff was observed using their bare hands/fingers to plate menu items.

Sources: observations, and an interview.

2.Tray service was observed on a resident home area. Food and beverages were observed uncovered on a tray within a residential hallway.

Sources: observations, and an interview.

WRITTEN NOTIFICATION: Dining and snack service

NC #022 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

Residents were not provided course by course meal service, during a dining observation.

Sources: observations.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #023 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).

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1. Staff were observed not wearing required masks properly during a declared outbreak, and when universal masking was in effect. A staff was observed inappropriately wearing personal protective equipment.

Sources: observation, and an interview. **2. Staff were observed not completing hand hygiene during staff to resident interactions.**

Sources: observations, hand hygiene standards and protocols, and an interview.

WRITTEN NOTIFICATION: Infection prevention and control

NC #024 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

A manager confirmed that residents clinical records identified missed documentation related to symptom monitoring.

Sources: residents clinical records, daily infection surveillance logs, licensee policy, and an interview.

WRITTEN NOTIFICATION: Administration of drugs

NC #025 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

Medication incidents were reviewed. Documentation identified that medications were not administered to identified residents as prescribed by their physician.

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Sources: Medication Incidents, and the clinical health record for identified residents.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #026 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (1)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the resident's attending physician or the registered nurse in the extended class attending the resident and, if applicable, the prescriber of the drug and the pharmacy service provider. O. Reg. 66/23, s. 30.

1. Medication incidents were reviewed. Documentation failed to identify that immediate actions had been consistently taken to assess and maintain the resident's health.

Sources: Medication Incidents, and the clinical health record for a resident.

2. Medication Incidents were reviewed. Documentation failed to identify that the resident's substitute decision maker (SDM) and/or the physician were consistently notified of medication incidents.

Sources: Medication Incidents, and clinical health record for residents.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #027 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.

Continuous quality improvement initiative report

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s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
 - iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The Family Council meeting minutes and Quality Improvement Plan were reviewed. Documentation failed to identify the dates and how the Satisfaction and Experience Survey were communicated to the Council.

Sources: meeting minutes, Quality Improvement Plan, and interviews.

COMPLIANCE ORDER CO #001 Pain management

NC #028 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

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

The licensee shall:

Provide education to all registered staff working on the identified resident home areas on when to complete the licensee's clinically appropriate assessment instrument when a resident's pain is not relieved by initial interventions. Keep a documented record of the content of the education, the date and staff signatures indicating the education was provided.

Grounds

1. A record review of a resident's medication administration record and interviews with staff confirmed that when the registered staff documented the resident's PRN medication was ineffective the registered staff did not complete an assessment. When

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the identified assessment was not completed by the registered staff after reassessing the resident's condition as ineffective there was a increased risk that the resident had unmanaged discomfort affecting their physical and emotional well being.

Sources: licensee policy, clinical health record for a resident, and an interview.

2. A staff confirmed that registered staff were to complete the licensee's clinically appropriate pain assessment instrument when a resident was administered a PRN medication and it was documented by the registered staff as ineffective. A record review of resident's medication administration record and interviews with a staff confirmed when the registered staff documented the resident's PRN medication was ineffective the registered staff did not complete an assessment. When the assessment was not completed by the registered staff after reassessing the resident's condition as ineffective there was a increased risk that the resident had unmanaged discomfort affecting their physical and emotional well being.

Sources: licensee policy, clinical health record for a resident, and an interview.

This order must be complied with by May 31, 2026

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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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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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, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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