

**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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Mar 13, 2020	2019_505103_0035 (A1) (Appeal\Dir#: DR# 135)	022118-19	Complaint

Licensee/Titulaire de permis

The Corporation of the City of Kingston
216 Ontario Street KINGSTON ON K7L 2Z3

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

Rideaucrest Home
175 Rideau Street KINGSTON ON K7K 3H6

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

Amended by Lynne Haves (Director) - (A1)(Appeal\Dir#: DR# 135)

Amended Inspection Summary/Résumé de l'inspection modifié

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**NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's order(s): CO#001.
The Director's review was completed on March 13, 2020.
Order(s) CO#001 was/were rescinded to reflect the Director's review DR# 135.**

Issued on this 13th day of March, 2020 (A1)(Appeal\Dir#: DR# 135)

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

Original report signed by the inspector.

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

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Amended Inspection Summary/Résumé de l'inspection

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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 17-20, 23, 2019, January 2-3, 2020.

Log #022118-19 (complaints related to resident care) was inspected.

During the course of the inspection, the inspector(s) spoke with a resident, Personal Support Workers (PSW), Registered Practical Nurses (RPN), RPN Lead/Best practice for Continence Care, a Registered Nurse/Staff Development, the Nurse Practitioner, the Registered Dietitian, Supervisor of Resident Programs and Services, the Physiotherapist, Maintenance Manager, Manager at K-MAR, Assistant Directors of Care, the Director of Care, and the Administrator.

During the course of the inspection, the inspector reviewed resident health care records including plans of care, progress notes and medication administration records, reviewed applicable policies including "Safe Operation of Electric Beds, RC-08-01-08", "Continence Management Program, RC-14-01-01", "Administration of Natural Health Products, 3-10", "Medical Cannabis, 10-11" and Recreational Marijuana, RV-03-01-11" and made resident and room observations.

The following Inspection Protocols were used during this inspection:

**Continence Care and Bowel Management
Medication
Nutrition and Hydration
Personal Support Services
Reporting and Complaints**

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

5 WN(s)
4 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.) Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with 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).

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in resident #001's plan of care was based on an assessment of resident #001 and the needs and preferences of that resident.

PT #114 was interviewed regarding the physiotherapy being provided to resident #001. PT #114 stated resident #001 had expressed they wanted to maximize/maintain their ability to stand as long as possible and that this was important to the resident. PT #114 stated resident #001 reported being frustrated they were not receiving the level of physiotherapy they had been provided in their home setting prior to admission to long-term care and felt they were declining in their level of functioning. PT #114 indicated the home was unaware of the therapy regime previously provided.

PT #114 stated resident #001 was currently being seen three times a week and this was the maximum amount of time they were able to work with resident #001. PT #114 stated they believed resident #001 would benefit from additional therapy. This inspector inquired about additional supports in the home to provide additional therapy to promote this goal. PT #114 stated the resident had previously attended a community-based physiotherapy program prior to admission but resident #001 would have to pay out of pocket to continue and this was not a viable option. PT #114 stated the home currently had no restorative care staff and additional options had not been explored.

PT #114 stated resident #001 also requested a transfer pole to assist them in standing and repositioning themselves and was aware they had utilized one in their home setting. PT #114 stated transfer poles are no longer allowed in the long-term care home and therefore further assessment or trial of a transfer pole was not completed.

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ADOC #105 was interviewed and stated they were also aware resident #001 had requested a transfer pole but advised the home does not allow transfer poles or anything that is required to be secured into the floor. ADOC #105 stated alternative transfer poles that do not require securing to the floor were not pursued.

ADOC #105 was interviewed regarding resident #001's room configuration. ADOC #105 acknowledged resident #001's computer/television equipment was an important part of the resident's daily activity. ADOC #105 stated the home no longer allowed for the mounting of computer/television screens onto the room walls and resident #001 had been advised the room was unable to safely accommodate the resident's equipment to allow staff enough room to provide care.

During an interview with resident #001, they discussed complaints related to the care they received on two documented dates. Resident #001 stated in both instances, the PSW staff members did not listen to how they wanted their care provided and as a result, the care was provided too roughly and in one of the incidents resulted in a near fall from their wheelchair. Resident #001 stated staff are not always familiar with their routines and therefore they verbally direct staff while they provide care. Resident #001 stated their care needs do vary depending on the time of day and how they are feeling.

PSW #100, RPN #101, RPN #102 and RPN #104 who were all familiar with resident #001 were interviewed and reported resident #001 required total assistance by two staff for all aspects of their care including, personal hygiene, bed mobility, and dressing. The staff members interviewed stated resident #001 frequently gives detailed step by step instructions to the staff while they are providing care and that the instructions are not always consistent. RPN #103 stated it is especially difficult for staff members who do not care for resident #001 on a regular basis and this can be frustrating for both the staff and the resident.

Resident #001's plan of care related to these areas were reviewed and indicated the following:

Personal hygiene: total assistance provided-2 staff to perform all aspects of hygiene care.

Bed mobility: allow resident sufficient time to move in bed-take direction from resident on positioning; dependent for all aspects of positioning with total

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assistance provided by 2 staff.

Dressing: total dependence 2 staff to complete all aspects of dressing.

ADOC #105 was interviewed and stated RPN #102 had recently been asked to meet with resident #001 to work on a daily time specific agenda for their care to facilitate a more comprehensive plan of care that is reflective of resident #001's preferences. Resident #001 acknowledged this will be helpful but reiterated their care needs/abilities fluctuate and require flexible alternative approaches.

Specifically, the licensee has failed to ensure the care set out in resident #001's plan of care related to the level of physiotherapy received, the requested use of a transfer pole, the configuration of their room and specifics related to the completion of their daily activities of life were based on an assessment of resident #001 and the preferences of resident #001. [s. 6. (2)]

2. The licensee failed to ensure the care set out in resident #001's plan of care was provided to resident #001 as outlined in the plan of care.

Resident #001's plan of care related to urinary continence and toileting was reviewed and indicated the following:

Individualized toileting schedule based on 5-day voiding record.

Total assistance of 2 staff required to transfer on and off the toilet.

PSW's familiar with resident #001's care were interviewed regarding the resident's urinary continence care and stated resident #001 wore continence products and rang when they required changing. PSW staff reported the resident was not currently being toileted. Resident #001 was interviewed and provided the same information to this inspector.

RPN #108 was interviewed regarding resident #001's plan of care related to urinary continence. RPN #108 stated according to the resident plan of care, resident #001 was to be toileted in accordance with the times outlined in the plan of care. RPN #108 stated the documented time frames specified in the plan gave the PSW staff one hour to complete the toileting task. During the interview with this inspector, RPN #108 discovered the information outlined in the resident plan of care had not been copied into the Point of Care system at the time it was entered into the resident plan of care. The Point of Care system is used to communicate resident care needs to the PSW's. As a result, PSW staff were

unaware of the toileting schedule that was to be in place for resident #001. [s. 6.
(7)]

Additional Required Actions:

(A1)(Appeal/Dir# DR# 135)

**The following order(s) have been rescinded / Le/les ordre(s) suivants ont été
annulés: CO# 001**

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

Specifically failed to comply with the following:

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term
care home to have, institute or otherwise put in place any plan, policy, protocol,
procedure, strategy or system, the licensee is required to ensure that the plan,
policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable
requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

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

Findings/Faits saillants :

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1. The licensee has failed to ensure where the Act or this Regulation required the licensee of a long-term care home to have a strategy in place, the strategy was complied with.

In accordance with O. Reg 79/10, s. 51, the continence and bowel management program must, at a minimum, provide for strategies to maximize residents' independence, comfort and dignity.

Specifically, staff failed to comply with "Continence Management Program", RC-14-01-01, last updated February 2017. The strategy states, the resident care plan will identify a resident's elimination patterns, and level and type of incontinence. Additionally, the strategy outlined in this program identifies a continence assessment, a three-day elimination record and a continence program guide to be utilized in the assessment of continence and to decrease the prevalence of worsening continence levels with residents.

Resident #001's plan of care related to urinary continence was reviewed and did not include the resident's elimination patterns, level of incontinence, type of incontinence or strategies to reduce resident #001's incidents of urinary incontinence. Upon admission to the long-term care home, the resident was continent with the use of a urinary catheter and at the time of this inspection, resident #001 was fully incontinent and utilizing continence products only.

RPN #108, who was identified as the Best Practice for Continence Care, was interviewed and stated the current assessment tool being used throughout the long-term care home does not identify the resident's elimination patterns, level and type of incontinence. RPN#108 indicated the continence assessment tools and strategies outlined in "Continence Management Program", RC-14-01-01 were previously utilized by the long-term care home but have been replaced by the continence assessment tool available in the home's electronic documentation system (point click care). [s. 8. (1) (a)]

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 the strategies and assessment tools outlined in the long-term care home's "Continence Management Program, RC-14-01-01" are employed as specified, to be implemented voluntarily.

WN #3: 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, (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; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure resident #001's continence was assessed including the identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

RPN #108 was interviewed regarding resident #001's continence assessment including the five-day voiding record. RPN #108 indicated the voiding record showed the resident was continent for specified periods of time. RPN #108 stated the current assessment tool being utilized throughout the long-term care home does not assess causal factors of incontinence, types of incontinence or provide for strategies to restore function. [s. 51. (2) (a)]

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 resident #001's incontinence is assessed using a clinically appropriate assessment instrument that is designed for assessment of incontinence and includes the identification of causal factors, patterns, type of incontinence and potential to restore function, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (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:

9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

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1. The licensee has failed to ensure resident #001 was provided with eating aids and assistive devices to eat and drink as independently as possible.

During an interview with resident #001, they expressed frustration with their dependence on staff at meals/snack times. Resident #001's plan of care related to eating was reviewed and stated, "total dependence-1 staff to feed all food and fluids".

RD #115 was interviewed and stated upon admission to the home, staff had advised them that resident #001 required total assistance with eating and drinking and at that time adaptive eating devices were not considered. RD #115 stated they were recently made aware resident #001 wanted to be as independent as possible at meal time and there were several options available that could be trialled. [s. 73. (1) 9.]

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 adaptive eating devices are considered and trialled with resident #001 to maximize their independence, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

- s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**
- (a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**
 - (b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**
 - (d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**
 - (e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**
 - (f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure a documented record of complaints was kept in the home that included the legislatively required information.

Resident #001 reported to RPN #109 staff had been too rough when moving their legs while providing morning care. On a separate date, resident #001 reported to RPN #101 they felt assaulted the previous evening when staff were providing care. Resident #001 indicated the PSW attempted to remove their pants while they were seated in their wheelchair and as a result they slid forward in the chair

According to ADOC #105 and DOC #107, both of resident #001's complaints were investigated, neither were found to have constituted incidents of resident abuse and therefore were not reported to the Ministry of Long-Term Care (MLTC).

The documented record of complaints was reviewed and neither of resident #001's verbal complaints were included in this documented record. [s. 101. (2)]

Additional Required Actions:

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***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 all verbal and written complaints are included
in the documented record of complaints as outlined in the legislative
requirements, to be implemented voluntarily.***

Issued on this 13th day of March, 2020 (A1)(Appeal/Dir# DR# 135)

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

Original report signed by the inspector.

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
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2007, chap. 8

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by Lynne Haves (Director) - (A1)
(Appeal/Dir# DR# 135)

**Inspection No. /
No de l'inspection :** 2019_505103_0035 (A1)(Appeal/Dir# DR# 135)

**Appeal/Dir# /
Appel/Dir#:** DR# 135 (A1)

**Log No. /
No de registre :** 022118-19 (A1)(Appeal/Dir# DR# 135)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** Mar 13, 2020(A1)(Appeal/Dir# DR# 135)

**Licensee /
Titulaire de permis :** The Corporation of the City of Kingston
216 Ontario Street, KINGSTON, ON, K7L-2Z3

**LTC Home /
Foyer de SLD :** Rideaucrest Home
175 Rideau Street, KINGSTON, ON, K7K-3H6

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Casie Keyes

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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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

To The Corporation of the City of Kingston, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

(A1)(Appeal/Dir# DR# 135)

**The following order(s) have been rescinded / Le/les ordre(s) suivants ont été
annulés:**

Order # / 001 **Order Type /**
No d'ordre : **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order/
Lien vers ordre existant :**

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(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
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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

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

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

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

**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

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

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 13th day of March, 2020 (A1)(Appeal/Dir# DR# 135)

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

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

Amended by Lynne Haves (Director) - (A1)
(Appeal/Dir# DR# 135)

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

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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

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

Ottawa Service Area Office