



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

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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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

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

Central West Service Area Office  
500 Weber Street North  
WATERLOO ON N2L 4E9  
Telephone: (888) 432-7901  
Facsimile: (519) 885-9454

Bureau régional de services du  
Centre-Ouest  
500 rue Weber Nord  
WATERLOO ON N2L 4E9  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-9454

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 28, 2018	2018_580568_0004	013734-16, 020966-16, 026863-16, 032247-16, 033904-16, 004388-17, 005979-17, 007354-17, 007356-17, 011645-17, 014997-17, 015172-17, 015731-17, 019611-17, 020667-17, 022539-17, 022961-17, 023660-17, 024858-17, 026148-17, 026958-17, 027016-17, 027240-17, 028326-17, 029102-17, 029589-17, 000361-18	Critical Incident System

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**Licensee/Titulaire de permis**

Schlegel Villages Inc.  
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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

The Village of Riverside Glen  
60 Woodlawn Road East GUELPH ON N1H 8M8

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

DOROTHY GINTHER (568), JANETM EVANS (659), NUZHAT UDDIN (532), SHERRI  
COOK (633)

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## Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 8, 9, 13, 14, 15, 16, 20, 21, 22, 23, 26, 27, 28, 2018 and March 1, 2018.

The following intakes were completed as part of this Critical Incident System (CIS) inspection:

CIS #2915-000048-17 and log #015172-17, CIS #2915-000080-17 and log #029589-17, CIS #2915-000026-17 and log #007354-17, CIS #2915-000060-17 and log #022539-17, CIS #2915-000063-17 and log #022961-17, CIS #2915-000050-17 and log #015731-17 related to responsive behaviours;

CIS #2915-000023-16 and log #013734-16 related to a resident injury of unknown cause;

CIS #2915-000046-17 and log #014997-17, CIS #2915-000020-16 and log #020966-16, CIS #2915-000072-17 and log #026958-17, CIS #2915-000055-17 and log #019611-17, CIS #2915-000057-16 and log #026863-16, CIS #2915-000067-16 and log #032247-16, CIS #2915-000077-17 and log #028326-17, CIS #2915-000073-17 and log #027016-17, CIS #2915-000040-17 and log #011645-17, CIS #2915-000059-16 and log #005979-17, CIS #2915-000025-17 and log #007356-17, CIS #2915-000074-16 and log #033904-16, CIS #2915-000011-17 and log #004388-17, CIS #2915-000078-17 and log #029102-17 related to falls causing injury;

CIS #2915-000070-17 and log #024858-17, CIS #2915-000001-18 and log #000361-18 related to infection prevention and control practices;

CIS #2915-000058-17 and log #020667-17, CIS #2915-000061-17 and log #023660-17, CIS #2915-000076-17 and log #027240-17, CIS #2915-000071-17 and log #026148-17 related to medication.

During the course of the inspection, the inspector(s) spoke with the Assistant General Manager, Director of Nursing Care, Assistant Directors of Nursing Care, Neighbourhood Coordinators, Exercise therapist, Consultant Pharmacist, RAI / Quality Improvement Coordinators, Registered Nurses, Registered Practical Nurses, Personal Care Aides, Housekeepers, residents and families.

The following Inspection Protocols were used during this inspection:



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**Falls Prevention  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

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

**3 WN(s)**

**2 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>Legendé</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 O.Reg 79/10, s. 114. Medication management system**
**Specifically failed to comply with the following:**

- s. 114. (3) The written policies and protocols must be,**
- (a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).**
  - (b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that written policies and protocols were developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, destruction and disposal of all drugs used in the home.

The MediSystem Disposal of Discontinued/Expired Drugs, Narcotics and Controlled Substances policy, last reviewed January 17, 2017, identified that discontinued narcotics and controlled substances were to be removed from the medication cart and the individual Narcotic and Controlled Substance Administration Record signed and dated prior to being placed into the double locked centralized storage area within the home. The individual Narcotic and Controlled Substance Administration Record should be included with the discontinued card in order to allow reconciliation at the time of destruction.

A memorandum dated July 29, 2017, Re: Narcotic Patch Practice Update/Non Narcotic Disposal stated, "the used patch must be secured to the narcotic tracking sheet to ensure safety and appropriate discarding. Please keep all patch narcotic administration records in your NH binders until the patches are picked up (usually weekly and PRN). Ensure both the new patches and the used patch tracking sheet, continue to be locked in the narcotics drawer on your medication cart."

Observations of narcotic and controlled substance resolution was completed on one of the neighbourhoods in the home. It was noted during the medication resolution that expired narcotics were counted and maintained in the double locked box along with the narcotics and controlled medications for administration. Subsequent observations on three other neighbourhoods showed discontinued or expired medication maintained in the same double locked box as controlled and narcotic medication for administration. The expired medications were separated by a cardboard divider.

Two registered staff stated that they returned the disposed medication to the pharmacy, where they were treated the same way as any discontinued or expired medication. Staff would continue to count this medication until it was picked up by the Assistant Director of Nursing Care (ADNC). The ADNC stated that narcotic/controlled medications were maintained in the medication cart behind a cardboard expired card. Some neighbourhoods emailed or left a phone message for someone to collect the medication and put it in the double locked box on one of the neighbourhoods until the pharmacist was available to destroy the medication.

The licensee failed to ensure that the written policies and protocols developed for the medication management system to ensure the accurate storage, destruction and disposal of all drugs was used in the home. [s. 114. (3) (a)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

**Specifically failed to comply with the following:**

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that residents were protected from abuse by anyone and free from neglect by the licensee or staff in the home.

The Schlegel Villages policy "Prevention of Abuse and Neglect", stated "possible indicator of physical abuse was body or head injury and unexplained bruises, welts, laceration, swelling, fracture."

a) A Critical Incident System (CIS) report stated that a PCA passing by a resident's room saw they were injured. Registered staff responded and assessed the resident. They found a co-resident nearby with evidence they may have been involved in the incident. When staff tried to interact with the co-resident they exhibited responsive behaviours that posed a risk to other residents and staff. Interventions were put in place to respond to these behaviours and protect residents in the home.

A Community Care Access Centre (CCAC) report identified that the co-resident had a history of responsive behaviours.

Review of progress notes showed that since admission to the home the co-resident had



exhibited responsive behaviours on a number of occasions.

A PCA stated that the co-resident had a history of exhibiting responsive behaviours in the home.

The policy titled "Personal Expression Program Using the Layered Natured Framework and the PIECES Approach" was reviewed. Under the "Procedure" two levels of risk were identified; Potential Risk (probability of threat or injury) and Actual Risk (Resident to Resident Altercation). For a situation of Potential Risk the neighbourhood team leader / designate would, contact their neighbourhood coordinator and physician to discuss the reason or the referral, send a referral to the Personal Expressions Resource team (PERT) and discuss with the DNC if one to one should be initiated. For a situation of Actual Risk the neighbourhood team leader/ designate would immediately contact the charge nurse and initiate the following: support for the neighbourhood team to minimize the risk of harmful interactions to all residents and the team members by initiating 1:1 support to the resident who was at risk of hurting themselves or others.

The NC was shown the policy related to responsive behaviours and asked when a referral to the PERT was made. The NC shared that there had been discussion at a leadership risk management meeting about the co-resident's responsive behaviours. They proposed that the resident be followed by PERT. They were unsure why the 1:1 was not put in place to mitigate the risk of altercations with other residents.

The ADNC and PERT Lead stated that the PERT team was involved with the co-resident and had put strategies in place to address the co-resident's responsive behaviours. When strategies were not effective, the ADNC was asked what else was tried. They said that there was a delay in implementing other interventions because they were not aware of the resident's behavioural history.

b) On a specified date a staff member reported that an altercation took place between an identified resident and co-resident resulting in injury to the co-resident.

Clinical record review stated that registered staff assessed both residents for injuries. Vitals were taken and the resident's injuries were treated. Safety checks for the identified resident were initiated by PERT at specified intervals and a team huddle took place on the neighbourhood to ensure everyone was aware of the incident.

Review of progress notes identified that the co-resident had a history of responsive



behaviours directed towards the identified resident.

Record review identified that the PERT became involved and implemented interventions to prevent further altercations following the incident in question.

The NC said that they had implemented interventions directed at the co-resident's responsive behaviours in order to prevent further altercations. The NC was unsure if the resident's behaviours had been included in the plan of care prior to the incident.

The co-resident's plan of care did not identify any responsive behaviours prior to the described incident.

The licensee had failed to ensure that the identified resident was protected from abuse by other residents. [s. 19. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents are protected from abuse by anyone and free from neglect by the licensee or staff in the home, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions**





**Specifically failed to comply with the following:**

**s. 135. (3) Every licensee shall ensure that,**

**(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).**

**(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).**

**(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that:

- (a) a quarterly review was undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions,
- (b) any changes and improvements identified in the review were implemented, and
- (c) a written record was kept of everything provided for in clause (a) and (b)?

The home submitted four critical incidents related to medication incidents in the last quarter.

The minutes from the Professional Advisory Committee (PAC) for the September 11, 2017, meeting showed a summary of medication incidents which stated, "11 closed, eight investigating". No documentation was seen regarding specific information being presented to the attendees related to the medication incidents. In addition, there was no documentation in the minutes of a summary of the home's internal action plan to prevent future risk. The December 11, 2017, PAC minutes documented six reported medication incidents and listed what these were. There was a summary attached which included specific information from the Medication Incident Reporting System (MIRS) related to the incidents. There was no documentation related to changes or improvements that were identified and implemented as a result of these incidents.

A Consultant Pharmacist from Medisystem, stated that they attended the PAC meetings and their role was to discuss medication utilization. They said that they provided information related to all medication incidents and participated in the discussion related to strategies to prevent further incidents. They were uncertain if the strategies that were discussed at their meetings in relation to specific medication incidents were documented.

The Director of Nursing Care (DNC) stated that all medication incidents were reviewed quarterly during the PAC meeting. With respect to the four identified medication incidents, the DNC stated that at the PAC meeting they discussed strategies/changes to mitigate the risk of similar incidents. In addition, the Assistant Director of Nursing was to complete audits to determine if this had been completed. The DNC acknowledged that there was no documentation of the changes or improvements identified during the quarterly review. [s. 135. (3)]



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***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) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; b) any changes and improvements identified in the review are implemented, and; c) a written record is kept of everything provided for in clause a) and b)., to be implemented voluntarily.***

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Issued on this 25th day of April, 2018

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

**Original report signed by the inspector.**



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

**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*

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

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

**Public Copy/Copie du public**

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DOROTHY GINTHER (568), JANETM EVANS (659),  
NUZHAT UDDIN (532), SHERRI COOK (633)

**Inspection No. /**

**No de l'inspection :** 2018\_580568\_0004

**Log No. /**

**No de registre :** 013734-16, 020966-16, 026863-16, 032247-16, 033904-  
16, 004388-17, 005979-17, 007354-17, 007356-17,  
011645-17, 014997-17, 015172-17, 015731-17, 019611-  
17, 020667-17, 022539-17, 022961-17, 023660-17,  
024858-17, 026148-17, 026958-17, 027016-17, 027240-  
17, 028326-17, 029102-17, 029589-17, 000361-18

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Mar 28, 2018

**Licensee /**

**Titulaire de permis :** Schlegel Villages Inc.  
325 Max Becker Drive, Suite. 201, KITCHENER, ON,  
N2E-4H5

**LTC Home /**

**Foyer de SLD :** The Village of Riverside Glen  
60 Woodlawn Road East, GUELPH, ON, N1H-8M8

Bryce McBain



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

**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*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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

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To Schlegel Villages Inc., 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*

**Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 114. (3) The written policies and protocols must be,  
(a) developed, implemented, evaluated and updated in accordance with  
evidence-based practices and, if there are none, in accordance with prevailing  
practices; and  
(b) reviewed and approved by the Director of Nursing and Personal Care and the  
pharmacy service provider and, where appropriate, the Medical Director. O. Reg.  
79/10, s. 114 (3).

**Order / Ordre :**

The licensee must be compliant with s. 114 (3) (a) of the regulations.

Specifically, the licensee must ensure that written policies and protocols for the  
disposal of discontinued/expired drugs, are developed, implemented, evaluated  
and updated in accordance with evidence-based practices and, if there are  
none, in accordance with prevailing practices.

**Grounds / Motifs :**

1. The licensee has failed to ensure that written policies and protocols for the  
medication management system were developed, implemented, evaluated and  
updated in accordance with evidence-based practices and, if there were none, in  
accordance with prevailing practices.

The MediSystem Disposal of Discontinued/Expired Drugs, Narcotics and  
Controlled Substances policy, last reviewed January 17, 2017, identified that  
discontinued narcotics and controlled substances were to be removed from the  
medication cart and the individual Narcotic and Controlled Substance  
Administration Record signed and dated prior to being placed into the double  
locked centralized storage area within the home. The individual Narcotic and  
Controlled Substance Administration Record should be included with the  
discontinued card in order to allow reconciliation at the time of destruction.

A memorandum dated July 29, 2017, Re: Narcotic Patch Practice Update / Non-Narcotic Disposal stated, "the used patch must be secured to the narcotic tracking sheet to ensure safety and appropriate discarding. Please keep all patch narcotic administration records in your NH binders until the patches are picked up (usually weekly and PRN). Ensure both the new patches and the used patch tracking sheet, continue to be locked in the narcotics drawer on your medication cart".

Observations of narcotic and controlled substance resolution was completed on one of the neighbourhoods in the home. It was noted during the medication resolution that expired narcotics were counted and maintained in the double locked box along with the narcotics and controlled medications for administration. Subsequent observations on three other neighbourhoods showed discontinued or expired medication maintained in the same double locked box as controlled and narcotic medication for administration. The expired medications were separated by a cardboard divider.

Two registered staff stated that they returned the disposed medication to the pharmacy, where they were treated the same way as any discontinued or expired medication. Staff would continue to count this medication until it was picked up by the Assistant Director of Nursing Care (ADNC). The ADNC stated that narcotic/controlled medications were maintained in the medication cart behind a cardboard expired card. Some neighbourhoods emailed or left a phone message for someone to collect the medication and put it in the double locked box on one of the neighbourhoods until the pharmacist was available to destroy the medication.

The severity of this issue was determined to be a level 2 as there was potential for harm to residents. The scope of the issue was a level 2 as it related to procedures taking place on four out of six neighbourhoods in the home. The home had a level 3 history with one or more related non-compliance in the last 36 months that included:

- voluntary plan of correction (VPC) issued March 21, 2017 (2017\_263524\_0009) (568)



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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

Jun 29, 2018





**Ministry of Health and  
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**Ministère de la Santé et  
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**Order(s) of the Inspector**

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**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

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

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

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

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



**Ministry of Health and  
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

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

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](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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

**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*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 28th day of March, 2018**

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



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

**Ministère de la Santé et  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Name of Inspector /**

Dorothy Ginther

**Nom de l'inspecteur :**

**Service Area Office /**

**Bureau régional de services :** Central West Service Area Office