



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

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

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

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|--------------------------------|--|
| Feb 17, 2016 | 2016_398605_0002 | 036218-15 | Complaint |

Licensee/Titulaire de permis

NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET NORTH YORK ON M2K 1E1

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

SENIORS' HEALTH CENTRE
2 BUCHAN COURT NORTH YORK ON M2J 5A3

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

SARAH KENNEDY (605)

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): January 25, 26 and 27, 2016.

During the course of the inspection, the inspector observed the provision of resident care and dining service, reviewed clinical and administration records and reviewed applicable home policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Administrator, Food Service Supervisor (FSS), Chaplain, Activities Co-ordinator, Dietary Aide, private care givers, substitute decision makers (SDM) and residents.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights
Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every resident's right to be properly fed and



cared for in a manner consistent with his or her needs is fully respected and promoted. Residents #001, #002, #004 and #007's spiritual and religious need for cultural foods was not fully respected and promoted.

LTCHA, 2007 s.3.(1)4. was issued as a voluntary plan of correction on February 26, 2015, during inspection #2015_321501_0003. During the course of this inspection, inspector #605 identified four residents needing alternative dietary options due to religious beliefs.

Due to the widespread scope of residents affected and the ongoing non-compliance with a previous voluntary plan of correction, a compliance order is warranted.

Resident #001 was admitted to the home on an identified date and was identified as being of a specific faith. An identified family member confirmed resident #001 regularly attends specific religious programs in the home. As was previously identified in inspection #2015_321501_0003, the resident has a need for cultural food and has been eating this way his/her entire life. An interview with an identified SDM revealed family members have been bringing in cultural food (primarily for lunch and dinner) since the resident was admitted to the home. [s. 3. (1) 4.]

2. Resident #002 was admitted to the home on an identified date and was identified as being of a specific faith. As previously identified in inspection #2015_321501_0003, the resident attends specific religious programs within the home. An interview with the resident revealed that eating cultural food is important to him/her and he/she would prefer to receive cultural meals. [s. 3. (1) 4.]

3. Resident #004 was admitted to the home on an identified date and was identified as being of a specific faith. As previously identified in inspection #2015_321501_0003, resident #004 regularly attends specific religious programs within the home. It was also identified in inspection #2015_321501_0003, that the resident grew up in a strict and observant religious family and ate cultural foods. An interview with the resident's SDM revealed if the resident was provided cultural foods he/she might eat better. [s. 3. (1) 4.]

4. Resident #007 was admitted to the home on an identified date. A review of the written plan of care revealed the resident is of a specific faith. An interview with the activities co-ordinator revealed resident #007 attends specific religious programs within the home. An interview with the resident revealed that he/she followed a cultural diet prior to moving to Seniors' Health Centre and it is important to him/her to eat this way.



An interview with the FSS revealed residents are told prior to admission at Seniors' Health Centre that the home does not provide cultural meals. The FSS revealed that it is explained to residents on admission that they will be offered alternative options.

A review of the home's voluntary plan of correction (completed after inspection #2015_321501_0003) and other identified documentation revealed the home does not offer cultural meals to ensure that residents are fed and cared for in a manner consistent with their needs.

An interview with the Administrator confirmed that Seniors' Health Centre does not provide cultural meals. [s. 3. (1) 4.]

Additional Required Actions:

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

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning
Specifically failed to comply with the following:**

s. 71. (5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 79/10, s. 71 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that an individualized menu is developed for residents #001, #002, #004 and #007 whose needs cannot be met through the home's menu cycle.

A review of resident #001's written plan of care revealed the resident is of an identified faith. An interview with an identified family member revealed the resident attends specific religious programs within the home. As was previously identified in inspection #2015_321501_0003, the resident has a need for cultural foods and has been eating cultural foods his/her entire life. An interview with an identified SDM revealed family members have been bringing in meals (primarily for lunch and dinner) since the resident was admitted to the home. [s. 71. (5)]

2. A review of resident #002's written plan of care revealed the resident is of an identified faith. As previously identified in inspection #2015_321501_0003, the resident attends specific religious programs within the home. An interview with the resident revealed that eating cultural foods is important to him/her and he/she would prefer to receive cultural meals. [s. 71. (5)]

3. A review of resident #004's written plan of care revealed the resident is of an identified faith. As previously identified in inspection #2015_321501_0003, resident #004 regularly attends specific religious programs within the home. It was also identified in inspection #2015_321501_0003, that the resident grew up in a strict and observant religious family and ate cultural foods. An interview with the resident's SDM revealed if the resident was provided cultural foods he/she might eat better. [s. 71. (5)]

4. A review of resident #007's written plan of care revealed the resident is of an identified faith. An interview with the activities co-ordinator revealed resident #007 attends specific religious programs within the home. An interview with the resident revealed that he/she followed a cultural diet prior to moving to Seniors' Health Centre and it is important to him/her to eat this way.

An interview with the FSS confirmed that the identified residents are not receiving an individualized menu providing cultural foods. [s. 71. (5)]



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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 an individualized menu is developed for residents #001, #002, #004 and #007 whose needs cannot be met through the home's menu cycle, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 91.
Resident charges**

Specifically failed to comply with the following:

s. 91. (4) A licensee shall not accept payment from or on behalf of a resident for anything that the licensee is prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf. 2007, c. 8, s. 91. (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that it shall not cause or permit anyone to make a charge or accept a payment on the licensee's behalf that the licensee is prohibited from charging for under the legislation.

According to the definitions set out in the Regulation, basic accommodation and preferred accommodation includes dietary services and raw food.

Resident #001 paid the co-payment charge for dietary services and raw food. Cultural food is an eligible expenditure under the raw food and other accommodation envelopes. To the extent that the accommodation fee does not cover the full cost of the food, the licensee can claim the rest of the cost as eligible expenditures through the raw food and other accommodation envelopes pursuant to the Ministry's funding and financial management policies. The LTCHA and Regulation prohibit the licensee from charging a resident for goods and services that a licensee is required to provide to a resident.

Resident #001 was admitted to the home on an identified date. Resident #001 ate cultural foods all his/her life and requires cultural food as part of his/her religious observance. It was previously identified in inspection #2015_321501_0003, that an identified family member was bringing in cultural food items from home to supplement resident #001's lunch and dinner. An interview with a SDM revealed family members continue to bring in cultural meals that staff heat up and serve to resident #001 at lunch and dinner. It was also revealed that the home has never reimbursed family members for the cost of cultural meals.

A review of the homes quality improvement action plan, completed after inspection #2015_321501_0003, revealed that in order to comply with legislation, the licensee would continue to inform residents and family member(s) before or at admission about what food the facility can or can't provide, reassure family members that the resident's nutrient need will be met through the individualized menu and to remind family members regarding the procedure of bringing in homemade food.

An interview with the FSS confirmed that Senior's Health Centre does not provide or pay for cultural meals and this information is provided to residents and their family members prior to admission.

An interview with the Administrator revealed Seniors' Health Centre does not offer cultural meals. [s. 91. (4)]



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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 it shall not cause or permit anyone to make a charge or accept a payment on the licensee's behalf that the licensee is prohibited from charging for under the legislation, to be implemented voluntarily.

Issued on this 22nd day of February, 2016

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

Original report signed by the inspector.



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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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Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SARAH KENNEDY (605)

Inspection No. /

No de l'inspection : 2016_398605_0002

Log No. /

Registre no: 036218-15

Type of Inspection /

Genre

Complaint

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 17, 2016

Licensee /

Titulaire de permis : NORTH YORK GENERAL HOSPITAL
4001 LESLIE STREET, NORTH YORK, ON, M2K-1E1

LTC Home /

Foyer de SLD : SENIORS' HEALTH CENTRE
2 BUCHAN COURT, NORTH YORK, ON, M2J-5A3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Andrea McLister

To NORTH YORK GENERAL HOSPITAL, 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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal

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de soins de longue durée, L.O. 2007, chap. 8*

Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and

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other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee shall ensure that residents who have self-identified that they are of an identified faith, are afforded the opportunity to discuss their religious dietary needs during admission, care conferences and quarterly reviews and will be referred to and assessed by a registered dietitian when their needs cannot be met through the home's menu cycle.

The licensee shall then develop and implement identified acceptable religious dietary options and alternatives, which is consistent with the residents' needs at no charge.

Grounds / Motifs :

1. The licensee has failed to ensure that every resident's right to be properly fed and cared for in a manner consistent with his or her needs is fully respected and promoted. Residents #001, #002, #004 and #007's spiritual and religious need for cultural foods was not fully respected and promoted.

LTCHA, 2007 s.3.(1)4. was issued as a voluntary plan of correction on February 26, 2015, during inspection #2015_321501_0003. During the course of this inspection, inspector #605 identified four residents needing alternative dietary options due to religious beliefs.

Due to the widespread scope of residents affected and the ongoing non-compliance with a previous voluntary plan of correction, a compliance order is warranted.

Resident #001 was admitted to the home on an identified date and was identified as being of a specific faith. An identified family member confirmed resident #001 regularly attends specific religious programs in the home. As was previously identified in inspection #2015_321501_0003, the resident has a need for cultural food and has been eating this way his/her entire life. An interview with an identified SDM revealed family members have been bringing in cultural food (primarily for lunch and dinner) since the resident was admitted to the home. [s. 3. (1) 4.]

Resident #002 was admitted to the home on an identified date and was identified as being of a specific faith. As previously identified in inspection #2015_321501_0003, the resident attends specific religious programs within the home. An interview with the resident revealed that eating cultural food is important to him/her and he/she would prefer to receive cultural meals. [s. 3. (1) 4.]

Resident #004 was admitted to the home on an identified date and was identified as being of a specific faith. As previously identified in inspection #2015_321501_0003, resident #004 regularly attends specific religious programs within the home. It was also identified in inspection #2015_321501_0003, that the resident grew up in a strict and observant religious family and ate cultural foods. An interview with the resident's SDM revealed if the resident was provided cultural foods he/she might eat better. [s. 3. (1) 4.]

Resident #007 was admitted to the home on an identified date. A review of the written plan of care revealed the resident is of a specific faith. An interview with the activities co-ordinator revealed resident #007 attends specific religious programs within the home. An interview with the resident revealed that he/she followed a cultural diet prior to moving to Seniors' Health Centre and it is important to him/her to eat this way.

An interview with the FSS revealed residents are told prior to admission at Seniors' Health Centre that the home does not provide cultural meals. The FSS revealed that it is explained to residents on admission that they will be offered alternative options.

A review of the home's voluntary plan of correction (completed after inspection



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#2015_321501_0003) and other identified documentation revealed the home does not offer cultural meals to ensure that residents are fed and cared for in a manner consistent with their needs.

An interview with the Administrator confirmed that Seniors' Health Centre does not provide cultural meals. [s. 3. (1) 4.] (605)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2016



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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 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 or by fax upon:

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



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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 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
Performance Improvement and Compliance
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



**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*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 17th day of February, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Sarah Kennedy

Service Area Office /

Bureau régional de services : Toronto Service Area Office