Ontario

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

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

Ottawa District
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Ottawa, ON, K1S 3J4
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Public Report

Report Issue Date: June 19, 2025
Inspection Number: 2025-1584-0004
Inspection Type: Proactive Compliance Inspection
Licensee: The Corporations of the United Counties of Leeds and Grenville, the City of Brockville, the Town of Gananoque and the Town of Prescott
Long Term Care Home and City: St. Lawrence Lodge, Brockville

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 3-6 2025, June 9-13, 2025, June 16-18 2025.

The following intakes was inspected:

- Intake #00148846 PCI

This inspection report has been modified to correct the number sequencing of the non-compliances issued.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect

Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (c)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The Licensee has failed to ensure that policy to promote zero tolerance of abuse and neglect of residents was posted in the home on June 3, 2025.

Sources: Inspector's observation.

On June 10, 2025 the home's Abuse and Neglect of Residents policy revised on April, 2025 was observed to be posted in the home.

Date Remedy Implemented: June 10, 2025.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (r)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure the required information related to the explanation of the protections afforded under the Fixing Long Term Care Act, 2021 section 30 related to Whistleblower Protection was posted in the home.

Sources: Inspector's observations.

On June 17, 2025 the explanation of the protections afforded under the Fixing Long Term Care Act, 2021 section 30 related to Whistleblower Protection was observed to be posted in the home.

Date Remedy Implemented: June 17, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 168 (1)
Continuous quality improvement initiative report
s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to publish a copy of its continuous quality improvement (CQI) initiative report for the home on its website, on June 3, 2025.

Sources: Inspector's observation of the licensee's public website, and interviews

with the Administrator and Quality Improvement Lead (QI).

June 11, 2025, a copy of the licensee's CQI initiative report was observed published on its website.

Date Remedy Implemented: June 11, 2025

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 9. i.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
9. Direct contact information, including a telephone number and email address that are monitored regularly for,
i. the Administrator, and

The licensee has failed to ensure that the direct contact information, including a telephone number and email address that are monitored regularly for the administrator was posted in the home on June 3, 2025.

Sources: Inspector 's observation.

On June 10, 2025 the direct contact information including a telephone number and email address that are monitored regularly for, the Administrator was observed to be posted in the home.

Date Remedy Implemented: June 10, 2025

NC #005 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 9. ii.

Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
9. Direct contact information, including a telephone number and email address that are monitored regularly for,
ii. the Director of Nursing and Personal Care.

The licensee has failed to ensure that the direct contact information, including a telephone number and email address that are monitored regularly for the Director of Nursing and Personal Care was posted in the home on June 3, 2025.

Sources: Inspector's observation.

On June 10, 2025 the direct contact information including a telephone number and email address that are monitored regularly for, the Director of Nursing and Personal Care was observed to be posted in the home.

Date Remedy Implemented: June 10, 2025

NC #006 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the home on June 3, 2025.

Sources: Inspector's observation.

On June 10, 2025 the home's visitor's policy was observed to be posted in the home.

Date Remedy Implemented: June 10, 2025

WRITTEN NOTIFICATION: Plan of Care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in the plan of care were documented. A specific resident with an identified skin impairment to a specific area had the intervention of assist to reposition every two hours added to their care plan on a specific date. This intervention was not added to their tasks in point of care (POC) and not documented on by staff.

Sources: Resident's care plan, Kardex, POC documentation, and interviews with a RPN, a Clinical resource nurse and an ADOC.

The licensee has failed to ensure that the provision of care set out in the plan of care were documented for a specific resident. The resident with an identified skin impairment, in a specific area had the interventions of assist to reposition every two hours, and monitor skin every shift added to their care plan on a specific date. For the period between two specific dates during a specific month, fourteen missed entries were noted in POC (point of care) documentation for each of these interventions.

Sources: Resident's care plan, Kardex, POC documentation, and interviews with a Clinical resource nurse and an ADOC .

WRITTEN NOTIFICATION: Accommodation services

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the equipment specific to the pagers that alert staff to when a resident activates a call bell were maintained in a safe condition, and in a good state of repair on two specific resident home areas (RHA).

Sources: Interviews with a Director of Support Services, two Personal Support Workers, and an Inspector's observations.

WRITTEN NOTIFICATION: Doors in a home

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. iii.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
iii. equipped with an audible door alarm that allows calls to be cancelled only at the

point of activation and,
A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

The licensee has failed to ensure that the door leading to a stairwell was equipped with an audible door alarm when activated, and connected to the resident-staff communication system, and connected to nearest audio visual enunciator that was located across from the nurses station on a specific resident home area on June 4, 2025.

Sources: Observations by an Inspector, interview with a Director of Support Services, an RN, and an RPN.

WRITTEN NOTIFICATION: Cooling requirements

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 23 (3)
Cooling requirements
s. 23 (3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices. O. Reg. 246/22, s. 23 (3).

The licensee has failed to evaluate and update the heat related illness prevention and management plan annually for 2024.

Sources: Interview with Quality Improvement Lead, review of three specific resident records, review of policy_0401-03-71-(a)-Heat Risk Assessment and Monitoring reviewed December, 18, 2024.

WRITTEN NOTIFICATION: Air temperature

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.
Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to ensure that the temperatures were measured and documented in writing at a minimum, in one common area on every floor of the home on multiple days from May 15 to June 6, 2025.

Sources: Interview with a Director of Support Services, and a record review of the Air Temperature log.

WRITTEN NOTIFICATION: Air temperature

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to measure and document the air temperature once in the evening or night from May 15 to June 2025.

Sources: Interview with a Director of Support Services, and a record review of Air Temperature log.

WRITTEN NOTIFICATION: Food production

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)
Food production
s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

The licensee has failed to ensure that all food and fluids in the food production system are prepared, stored, and served using methods to prevent food borne illness. On a specific date a resident was served a yogurt with a specific expiry date. The yogurt had a foul smell, indicating it was spoiled.

Sources: Inspector observation, interviews with a RPN , and a Dietary Manager, and a review of the home's Food Stock in Serveries Policy # 07-06-06

WRITTEN NOTIFICATION: Safe Storage of Drugs

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure that a controlled substance was stored in a double-locked stationary cupboard in the locked area. During an observation on a specific date, of a locked medication room on a specific resident home area, it was observed that there was no separate, double lock system in place for the storage of the controlled substance hydromorphone.

Sources: An Inspector's observation, interview with a RN and review of the licensee's MediSystem Policies and Procedures: Manual for Medisystem Serviced Homes, August 2024, Page 56, Storage.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 4.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
4. Every designated lead of the home.

The licensee has failed to ensure that their Continuous Quality Improvement Committee was composed of at least every designated lead of the home. Specifically prior to June 4, 2025, the Continuous Quality Improvement Committee did not include every designated lead of the home.

Sources: Interviews with an Administrator and a Quality Improvement (QI) Lead; and record review of the licensee's June 4, 2025 Continuous Quality Improvement Committee meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
5. The home's registered dietitian.

The licensee has failed to ensure that their Continuous Quality Improvement Committee was composed of at least the home's registered dietitian. Specifically prior to June 4, 2025, the Continuous Quality Improvement Committee did not include the home's registered dietitian.

Sources: Interviews with an Administrator and a Quality Improvement (QI) Lead; and record review of licensee's June 4, 2025 Continuous Quality Improvement Committee meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that their Continuous Quality Improvement Committee was composed of at least the home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider. Specifically prior to June 4, 2025, the Continuous Quality Improvement Committee did not include a pharmacist from the pharmacy service provider.

Sources: Interviews with an Administrator and a Quality Improvement (QI) Lead; and record review of licensee's June 4, 2025 Continuous Quality Improvement Committee meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

The licensee has failed to ensure that their Continuous Quality Improvement Committee was composed of at least one employee of the licensee who is a member of the regular nursing staff of the home. Specifically prior to June 4, 2025, the Continuous Quality Improvement Committee did not include one employee of the licensee who is a member of the regular nursing staff of the home.

Sources: Interviews with an Administrator and a Quality Improvement (QI) Lead; and record review of licensee's June 4, 2025 Continuous Quality Improvement

Committee meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #019 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that their Continuous Quality Improvement Committee was composed of at least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52. Specifically prior to June 4, 2025, the Continuous Quality Improvement Committee did not include one personal support worker.

Sources: Interviews with an Administrator and a Quality Improvement (QI) Lead; and record review of licensee's June 4, 2025 Continuous Quality Improvement Committee meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #020 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
9. One member of the home's Residents' Council.

The licensee has failed to ensure that their Continuous Quality Improvement Committee was composed of at least one member of the home's Residents' Council. Specifically prior to June 4, 2025, the Continuous Quality Improvement Committee did not include one member of the home's Residents' Council.

Sources: Interviews with an Administrator and a Quality Improvement (QI) Lead; and record review of licensee's June 4, 2025 Continuous Quality Improvement Committee meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #021 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
10. One member of the home's Family Council, if any.

The licensee has failed to ensure that their Continuous Quality Improvement Committee was composed of at least one member of the home's Family Council, if any. Specifically prior to June 4, 2025, the Continuous Quality Improvement Committee did not include one one member of the home's Family Council.

Sources: Interviews with an Administrator and a Quality Improvement (QI) Lead, and

record review of licensee's June 4, 2025 Continuous Quality Improvement Committee meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #022 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. i.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,

The licensee has failed to ensure that the continuous quality improvement initiative report contained a written record of the date the Resident and Family/Caregiver Experience Survey required under section 43 of the Act was taken during the fiscal year.

Sources: Record review of the licensee's continuous quality improvement initiative report, titled Quality Improvement Plan (QIP) 2025/26, Narrative for Health Care Organizations in Ontario; and interviews with an Administrator and a Quality Improvement Lead.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #023 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.

Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the continuous quality improvement initiative report contained a written record of how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

Sources: record review of the licensee's continuous quality improvement initiative report, titled Quality Improvement Plan (QIP) 2025/26, Narrative for Health Care Organizations in Ontario; and interviews with an Administrator and a Quality Improvement Lead.

COMPLIANCE ORDER CO #001 Home to be safe, secure environment

NC #024 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 5
Home to be safe, secure environment
s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

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

1. Develop and implement a physical design solution to restrict residents access into the serveries, and to the steam tables when they are operational. Physical design solution to include the ability to lock the servery doors.

2. Develop and implement a procedure to lock and secure the servery areas when unattended by staff.

3. Develop and implement a procedure related to the warming of the steamtables prior to meal serve to ensure the surface areas are safe to touch.

4. Provide education to all dietary staff related to # 2, and #3.

5. Education records to include the name and designation of person providing training, the names of the staff receiving the training, their designation, and the date the training was provided.

6. Conduct daily audits of all servery areas for one week to ensure compliance with #2, and #3.

7. Maintain documentation of the audits, including the date and time the audits were completed, name and designation of person completing the audit, the outcome of the audit, and any corrective actions taken.

8. Written records to be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds
The licensee has failed to ensure that the home is a safe and secure environment for its residents specific to the servery areas on six resident home areas (RHA).

On a specific date prior to dinner service the servery areas on six RHA were found to be unlocked and unsupervised by staff. At the time the steamtables located in each servery were found to be operational and the surfaces of the tables hot to the touch.

Sources: Observations by two Inspectors, interviews with a Food Services Supervisor (FSS), an Administrator, a Director of Support Services (DSS), and a Nutritional Manager.

This order must be complied with by July 18, 2025

COMPLIANCE ORDER CO #002 Doors in a home

NC #025 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

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

1. Develop and implement a procedure to ensure all pantry doors are locked and secured when unsupervised by staff.

2. Provide education to all dietary staff related to #1.

3. Education records to include the name and designation of the person providing the training, the names and designation of the staff receiving the training, and the date the training was provided.

4. Conduct daily audits of all pantry areas for one week to ensure compliance with #1.

5. Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

6. Written records to be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds
The licensee has failed to ensure that doors leading to non-residential areas specific to the pantry areas on two resident home areas (RHA) were kept closed and locked when they were not being supervised by staff on June 3, 2025.

It was observed that the doors leading into the pantry of the two specific RHAs from the hallway and serveries were unlocked, and the areas were unsupervised by staff. Both pantries contained hazardous dishwashing chemicals, and one of the pantries contained hot beverages. In addition, a resident that was observed in the hallway near the the specific pantry, was later observed entering the pantry.

Sources: Inspector's observations, interview with a Food Service Supervisor, a Dietary Aid.

This order must be complied with by July 18, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.