

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901
centralwestdistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 10, 2023	
Inspection Number: 2022-1587-0004	
Inspection Type: Complaint Follow up	
Licensee: Corporation of the County of Simcoe	
Long Term Care Home and City: Sunset Manor Home for Senior Citizens, Collingwood	
Lead Inspector Sharon Perry (155)	Inspector Digital Signature
Additional Inspector(s) Janet Groux (606) Gurvarinder Brar (000687) Yami Salam (000688)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 17-18, November 21-25, November 28-December 2, December 5 and 6, 2022.

The following intake(s) were inspected:

- Intake #00011045-22 and intake #00008785-22 (Complaints) related to resident care and services.
- Intake 00012808-22 follow up to Compliance Order (CO) #005 of inspection #2022_773155_0001(A2) with a compliance due date (CDD) of April 1, 2022; intake #00003710-22 follow up to Compliance Order (CO) #001 from inspection #2022_1587_0001 with CDD of August 17, 2022; and intake 00012811-22 follow up to CO #002 from inspection #2022_1587_0003 with CDD of October 24, 2022, related to administration of medications.
- Intake 00012809-22 follow up to CO #007 of inspection #2022_773155_0001(A2) with CDD of May 20, 2022; intake 00007166-22 follow up to CO #001 from inspection #2022_1587_0002 with CDD of September 12, 2022; and intake 00012810-22 follow up to CO #001 from inspection #2022_1587_0003 with CDD of October 24, 2022, related to skin and wound care

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **to be** in compliance:

Order #007 from Inspection #2022_773155_0001(A2) related to O.Reg. 79/10, s.50 (2)(b)(i, ii, iii, iv) inspected by Janet Groux (606)

Order #001 from Inspection #2022_1587_0003 related to O.Reg. 246/22, s. 55 (2)(b)(ii) inspected by Janet Groux (606)

The following previously issued Compliance Order(s) were **CLOSED**:

Order #005 from Inspection #2022_773155_0001(A2) related to O.Reg. 79/10, s.131 (2) inspected by Sharon Perry (155)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2022_1587_0002 related to O.Reg. 246/22, s. 55 (2) (b) (iv) inspected by Janet Groux (606)

Order #001 from Inspection #2022_1587_0001 related to O.Reg. 246/22, s. 140 (2) inspected by Sharon Perry (155)

Order #002 from Inspection #2022_1587_0003 related to O.Reg. 246/22, s.140 (2) inspected by Sharon Perry (155)

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

- Infection Prevention and Control
- Medication Management
- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Responsive Behaviours
- Food, Nutrition and Hydration
- Falls Prevention and Management

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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)
FLTCA, 2021, s. 6 (1) (c)

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.

A complaint was submitted to the Ministry of Long-Term Care (MLTC) regarding a resident's plan of care not having a correct intervention.

Record review of the resident's paper and electronic health records did not consistently identify that the resident had the correct intervention. An RN acknowledged that some of the resident's health records did not have the correct intervention. The RN followed up with the administration office and the resident's clinical records were updated.

Sources: resident's paper and electronic health records [606]

Date Remedy Implemented: December 2, 2022

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

The licensee failed to ensure that three residents were put to bed in the evening at their preferred time as specified in their plan of care.

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Summary and Rational

On an identified date, three residents were observed to be in bed earlier than their preferred bedtime specified in their plan of care.

Residents not going to bed at their preferred bedtime could have a negative impact on their quality of life and it did not respect their choices.

Sources: observations during an evening, interview with PSW, resident's care plan and point of care documentation. [155]

WRITTEN NOTIFICATION: Oral Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 38 (1) (a)

The licensee failed to ensure that two residents were offered mouthcare, including the cleaning of dentures during evening care.

Rational and Summary

Two residents that required staff to assist with mouthcare, including the cleaning of their dentures were observed to be in bed. Toothbrushes were observed to be dry despite the PSWs saying they had used the toothpaste and toothbrush to provide oral care.

By residents not being offered and provided with oral care including proper cleaning of the teeth and dentures, it could lead to poor oral hygiene and infections.

Sources: observations during an evening, interviews with PSWs, resident's care plan, Nursing Care and Clinical Procedures-Activities of Daily Living for Personal Support Workers Policy re Oral Hygiene. [155]

WRITTEN NOTIFICATION: Menu Planning

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

Non-compliance with: O.Reg. 246/22, s. 77 (4) (b)

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The licensee failed to ensure that each resident was offered a minimum of a beverage in the evening after dinner and a snack in the evening.

Rational and Summary

During an evening shift, a PSW shared that they started the nourishment cart on a resident living area with another PSW at 1910 hours.

At 1931 hours, Inspector #000688 observed the nourishment cart on the same resident living area and the cart was empty.

Four residents that were identified as having a moderate or high nutritional risk and a moderate or high dehydration risk were observed to be in bed during the early evening. Documentation showed that the four residents had refused their evening nourishments.

Review of the Point of Care documentation for the evening showed that 5 residents received evening nourishment and 21 residents refused nourishment on that resident living area. .

Those residents not receiving evening nourishments had increased nutritional and dehydration risks.

Sources: Observations on an evening, interview with PSW, resident's care plan, and point of care documentation. [155]

WRITTEN NOTIFICATION: Conditions of Licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2022_1587_0002 served on August 26, 2022, with a compliance due date of September 12, 2022.

The licensee failed to ensure that skin and wound re-assessments were completed weekly using the Point Click Care skin and wound app, for resident #003, #004 and #029's areas of altered skin integrity.

Rational and Summary

Resident #003, #004 and #029 from inspection #2022_1587_0002 are identified in this inspection as resident #005, #011 and #017.

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The home's Wound Management Program #NPC D-35 SM directed registered staff to complete wound assessments in Point Click Care (PCC) weekly for all residents with wounds.

- a) A resident was at high risk for skin breakdown related to their medical condition. The resident's Skin and Wound Evaluation-V6.0 completed on a specified date in October 2022, for an area of skin breakdown was incomplete.
- b) A resident was at high risk for skin breakdown related to their medical conditions. The resident was identified with bruise on an identified date in November 2022. The resident's Skin & Wound Evaluation - V6.0 was incomplete. The resident also had recent interventions regarding an area of skin breakdown. The resident's Skin and Wound Evaluation-V6.0 for this area, was incomplete missing information as to whether there were any signs of infection.
- c) A resident was at high risk for skin breakdown and had areas of skin breakdown. The Skin and Wound Evaluation-V6.0 dated November 2022, was incomplete.

Failure to complete a weekly skin and wound assessment for these residents' wounds may impact the prescribed treatment and care which could alter healing and put the resident at further risk of harm.

Sources: CO #001 from inspection #2022_1587_0002, resident's Medication Administration Records (MARs), Treatment Administration Records (TARs), progress notes, care plans, skin and wound assessments, Wound Management Program #NPC D-35 SM effective date of August 2022. [606]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #005

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

CO #001 of inspection #2022_1587_0002 with CDD date of Sept 12, 2022 -O.Reg 246/22 s.55 2(b) (iv).

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This is the first time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of Licence

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

Non-compliance with: FLTCA, 2021 s. 104(4).

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2022_1587_0001 served on July 19, 2022, with a compliance due date of August 17, 2022.

The licensee failed to ensure that registered staff provided residents #004 and #008 medication in accordance with directions for use specified by the prescriber.

Rational and Summary

Resident #004 and resident #008 from inspection 2022_1587_0001 are identified in this inspection as resident #003 and resident #006.

a) On an identified date, resident #003 was administered a medication in the morning however the medication was prescribed to be given in the evening.

b) Resident #006 was prescribed a medication to be given by mouth once a day when necessary for a blood pressure with certain parameters.

On an identified date in August 2022 and September 2022, resident #006's recorded blood pressure (BP) readings indicated that the medication should have been administered, however it was not administered as prescribed.

On an identified date in September 2022, resident #006's BP was recorded, and the medication was administered as prescribed. Later the same day resident #006's BP was recorded, and medication was administered when the order was prescribed to be given once a day. Resident #006's BP decreased.

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On an identified date in November 2022, resident #006's BP was recorded and was low. Medication was administered however, the prescriber had ordered that this medication be held with certain parameters.

On an identified dated in November 2022, resident #006 was prescribed a medication to be given twice daily. They were also prescribed an additional dose twice daily when needed for blood pressure with certain parameters. During November 2022, there were five days that the medication was not administered as prescribed.

During interviews with the Directors of Resident Care they acknowledged that these medications were not administered as prescribed.

Sources: CO #001 from inspection #2022_1587_0001, resident #003 and #006's prescriber's digiorders, Medication Administration Records (MARs), progress notes, Medication Incident Reports (MIR), Risk Management reports, interviews with Director of Resident Care (DORC) #102 and/or #103. [155]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Written Notification NC #006

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2022_1587_0001 served on July 19, 2022, with a compliance due date of August 17, 2022.

This is the first time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By

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submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of Licence

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

Non-compliance with: FLTCA, 2021 s. 104(4).

The licensee has failed to comply with Compliance Order (CO) #002 from Inspection #2022_1587_0003 served on October 3, 2022, with a compliance due date of October 24, 2022.

Rational and Summary

Resident #001 from inspection 2022_1587_0001 is identified in this inspection as resident #008.

Resident #008 was prescribed a medication by mouth twice daily when needed for a blood pressure with parameters. On three occasions between October 28, 2022, and November 3, 2022, resident #008's recorded blood pressure indicated that the medication was to be administered however it was not.

During interviews with the Directors of Resident Care they acknowledged that the medication was not administered to resident #008 as prescribed.

Sources: CO #002 from inspection #2022_1587_0003, resident #008's prescriber's digiorders, Medication Administration Records (MARs), progress notes, Medication Incident Reports, Risk Management reports, interviews with the Directors of Resident Care (DORC). [155]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #003

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #003

Related to Written Notification NC #007

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

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In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

The licensee has failed to comply with Compliance Order (CO) #002 from Inspection #2022_1587_0003 served on October 3, 2022, with a compliance due date of October 24, 2022.

This is the first time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #001 Administration of Drugs

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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

The Licensee has failed to comply with s.140.(2) of O.Reg.246/22.

The licensee shall:

a) Ensure that registered staff are providing residents #012 and #018 medication in accordance with directions for use specified by the prescriber by completing daily audits during their medication administration for a two week period. A copy of the audits must be accurate and complete and kept in the home.

Grounds

The licensee failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

Rational and Summary

During the inspection, concerns were expressed regarding medications not being administered in

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accordance with the directions specified by the prescriber.

a) On a specified date, a prescriber wrote an order to decrease the amount of a medication at bedtime to be administered to a resident. The medication was not decreased until the next day at bedtime.

The Medication Administration Skills policy states that the physician medication orders are to be written on the resident's respective MAR/TAR, sheet by the registered nurse or registered practical nurse who takes the orders.

On the spine of each resident's chart there was a dial that is set to red when there is a new order written to alert staff.

b) The Hypoglycemia Protocol-Sunset Manor states that if a resident presents with a blood glucose of less than 4 mmol/L, notify the physician immediately and implement giving juice/pop or InstaGlucose.

On two days in September 2022, a resident had a blood sugar of less than 4 mmol/L and staff treated the hypoglycemic event however, the resident was administered their oral hypoglycemic medication at the same time and prior to the physician being notified.

On an identified date in September 2022, the physician decreased the resident's oral hypoglycemic medication and specified that they be called before administering the oral hypoglycemic if the blood sugar was less than 7 mmol/L. During a thirteen-day period in October 2022, the resident was administered their oral hypoglycemic medication on three dates when their blood sugar was less than 7 mmol/L and the physician was not notified. There were no medication incidents completed.

Education provided to registered staff was reviewed and this stated that for a hypoglycemic event to notify the physician and request direction on diabetic medications (insulin dose, oral hypoglycemics).

By not ensuring resident #012 and #018 received their medications specified by the prescriber, they were put at risk of negative health effects.

Sources: Resident #012 and #018's prescriber's digiorders, progress notes, Medication Administration Records, Management of Diabetic Residents Policy, Hypoglycemia Protocol-Sunset Manor, Sunset Manor Education/mediSystem on high alert medications and including hypoglycemics and treatment of hypoglycemia, interviews with DORC and other staff.

[155]

This order must be complied with by January 27, 2023

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An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #004

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #004

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$16500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

CO #002 of inspection #2022_1587_0003 with CDD of October 24, 2022.

CO #001 of inspection #2022_1587_0001 with CDD of August 17, 2022.

This is the third time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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

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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).

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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.