

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

Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée

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

Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Jan 31, 2022	2021_595110_0015 (A1)	013394-21, 013848-21, 014801-21	Complaint

Licensee/Titulaire de permis

Tendercare Nursing Homes Limited
20 High Park Blvd. Toronto ON M6R 1M7

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

Tendercare Living Centre
1020 McNicoll Avenue Scarborough ON M1W 2J6

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

Amended by DIANE BROWN (110) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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durée**

This report has been amended to reflect an extension of the compliance due date from January 31, 2022 to March 2, 2022 at the request of the licensee.

Issued on this 31st day of January, 2022 (A1)

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

Original report signed by the inspector.

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1020 McNicoll Avenue Scarborough ON M1W 2J6

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

Amended by DIANE BROWN (110) - (A1)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): December 2, 3, 6, 7, 2021.

The following logs were inspected during this complaint inspection

Log #013394-21, #013848-21, #014801-21 related to the home not staffing according to their staffing plan, no replacement of staff and resident care needs negatively impacted.

An Infection Prevention and Control inspection was also conducted.

During the course of this inspection the Inspector observed infection prevention and control practices, resident and staff interactions and reviewed resident health record. A review of staff scheduling, Call in schedule list and resident census records was also reviewed. .

During the course of the inspection, the inspector(s) spoke with The Executive Director, Acting Director of Care, Staffing Clerk, Social Worker, Registered Nurses, Registered Practical Nurses, Personal Support Workers.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Sufficient Staffing**

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

**1 WN(s)
0 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)**

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee failed to ensure the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work.

The Ministry of Long -Term Care received complaints that the home was not replacing personal support workers (PSW) staff when off or sick resulting in a higher resident to staff ratio that was negatively impacting resident care.

Interviews with Registered nurses and PSWs identified that the ratio of residents to staff continued to increase as PSW staff were not being replaced when scheduled off or sick. Staff interviews revealed that larger staff assignments impact morning care. Not all residents were taken to the dining room for breakfast. Some residents were provided trays and they would eat in their room. Staff identified that when their resident assignment is more than planned residents may not able to be placed back to bed after a meal, if required; showers are rescheduled, oral hygiene was compromised, as some residents needing prompting to open their mouth for brushing are rushed and staff stated they do not have time to prompt and wait so they clean some residents teeth with a sponge

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toothette. Staff stated that some residents are at risk for falling without toileting assistance and if staff are late responding the resident they may attempt to self-transfers and toilet placing them at risk for falling.

An interview with the Executive Director (ED), relatively new to the home, stated they understood the staffing plan of staff to residents was planned to be 1:9 -1:10 in the home, with no awareness of unfilled PSW shifts. The ED stated there were no restrictions placed on utilizing agency staff if the home's staff were unavailable and was not aware of a written back-up plan.

An interview with the Acting Director of Care (DOC) shared the maximum ratio should be 1 PSW to 10 residents and that part time and casual staff should be called and then staff should be offered overtime. The Acting DOC stated agency staff were not being used to fill absent PSW shifts. The ADOC was unaware of a written back-up plan for the replacement of shifts.

A record review was completed of staffing schedules along with reference to the resident census per area between October 17, 2021 to November 27, 2021 or 42 days. Three out of 42 days, the staffing ratio in the home was 1:10 or below as expected by the ED and Acting DOC. Sixty-four (64%) of the days the staffing ratio, in one or more home areas, was 1:11-12 residents. Seven days were identified as higher with a resident to PSW ratio ranging from 1:13- 1:18.

One complainant identified their parent was not placed back to bed after a meal and missed their scheduled shower a day on an identified weekend. A review of the staffing on the associated unit and day revealed PSW shortages and a ratio of 1:11.

An interview with the staffing clerk revealed that approximately 50% of the time all shifts to match to the staffing plan were unable to be filled as staff on the casual list were not available or staff were not willing to work overtime. A record of staff being asked or offered overtime was not available and the staffing clerk stated that regular staff were not always asked if they could work overtime. The staffing clerk confirmed that agency staff were not being utilized for PSW staff replacement. The staffing clerk was unaware of a written back-up plan for addressing situations when staff cannot come to work.

An interview was conducted with RN #113 who was the on-call days RN required to fill shifts on the Sunday August 8, 2021. The evening shift on 2 West had two

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PSWs short. The RN shared that they did not go into detail of asking day staff to stay and that there was no part time or casual staff available. The RN stated that Agency staff were not being called in. The RN was unaware of a written back-up plan for addressing situations when staff cannot come to work.

The licensee failed to ensure the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work.

Sources: Staffing schedule, Call in schedule list, resident census records, interviews with PSWs #102, #103, #104, #106, #105, #108. RN #109, RN #111, #113 and RPN #107. Interviews with staffing clerk #101, the ED and Acting DOC. [s. 31. (3)]

Additional Required Actions:

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

**(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001**

Issued on this 31st day of January, 2022 (A1)

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by DIANE BROWN (110) - (A1)

**Inspection No. /
No de l'inspection :** 2021_595110_0015 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 013394-21, 013848-21, 014801-21 (A1)

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

**Report Date(s) /
Date(s) du Rapport :** Jan 31, 2022(A1)

**Licensee /
Titulaire de permis :** Tendercare Nursing Homes Limited
20 High Park Blvd., Toronto, ON, M6R-1M7

**LTC Home /
Foyer de SLD :** Tendercare Living Centre
1020 McNicoll Avenue, Scarborough, ON, M1W-2J6

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

To Tendercare Nursing Homes Limited, 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 # /

No d'ordre: 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The licensee must comply with s. 31. (3) of O. Reg. 79/10.

Specifically, the licensee must ensure that the staffing plan include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work.

Grounds / Motifs :

1. The licensee failed to ensure the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work.

The Ministry of Long -Term Care received complaints that the home was not replacing personal support workers (PSW) staff when off or sick resulting in a higher resident to staff ratio that was negatively impacting resident care.

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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

Interviews with Registered nurses and PSWs identified that the ratio of residents to staff continued to increase as PSW staff were not being replaced when scheduled off or sick. Staff interviews revealed that larger staff assignments impact morning care. Not all residents were taken to the dining room for breakfast. Some residents were provided trays and they would eat in their room. Staff identified that when their resident assignment is more than planned residents may not be able to be placed back to bed after a meal, if required; showers are rescheduled, oral hygiene was compromised, as some residents needing prompting to open their mouth for brushing are rushed and staff stated they do not have time to prompt and wait so they clean some residents teeth with a sponge toothette. Staff stated that some residents are at risk for falling without toileting assistance and if staff are late responding the resident they may attempt to self-transfers and toilet placing them at risk for falling.

An interview with the Executive Director (ED), relatively new to the home, stated they understood the staffing plan of staff to residents was planned to be 1:9 -1:10 in the home, with no awareness of unfilled PSW shifts. The ED stated there were no restrictions placed on utilizing agency staff if the home's staff were unavailable and was not aware of a written back-up plan.

An interview with the Acting Director of Care (DOC) shared the maximum ratio should be 1 PSW to 10 residents and that part time and casual staff should be called and then staff should be offered overtime. The Acting DOC stated agency staff were not being used to fill absent PSW shifts. The ADOC was unaware of a written back-up plan for the replacement of shifts.

A record review was completed of staffing schedules along with reference to the resident census per area between October 17, 2021 to November 27, 2021 or 42 days. Three out of 42 days, the staffing ratio in the home was 1:10 or below as expected by the ED and Acting DOC. Sixty-four (64%) of the days the staffing ratio, in one or more home areas, was 1:11-12 residents. Seven days were identified as higher with a resident to PSW ratio ranging from 1:13- 1:18.

One complainant identified their parent was not placed back to bed after a meal and missed their scheduled shower a day on an identified weekend. A review of the staffing on the associated unit and day revealed PSW shortages and a ratio of 1:11.

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

An interview with the staffing clerk revealed that approximately 50% of the time all shifts to match to the staffing plan were unable to be filled as staff on the casual list were not available or staff were not willing to work overtime. A record of staff being asked or offered overtime was not available and the staffing clerk stated that regular staff were not always asked if they could work overtime. The staffing clerk confirmed that agency staff were not being utilized for PSW staff replacement. The staffing clerk was unaware of a written back-up plan for addressing situations when staff cannot come to work.

An interview was conducted with RN #113 who was the on-call days RN required to fill shifts on the Sunday August 8, 2021. The evening shift on 2 West had two PSWs short. The RN shared that they did not go into detail of asking day staff to stay and that there was no part time or casual staff available. The RN stated that Agency staff were not being called in. The RN was unaware of a written back-up plan for addressing situations when staff cannot come to work.

The licensee failed to ensure the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work.

Sources: Staffing schedule, Call in schedule list, resident census records, interviews with PSWs #102, #103, #104, #106, #105, #108. RN #109, RN #111, #113 and RPN #107. Interviews with staffing clerk #101, the ED and Acting DOC.

An order was made by taking the following factors into account:

Severity: There was potential risk of harm to the residents, as the failure to have a back-up plan to address situations when staff cannot come to work can negatively impact care and safety needs of the residents.

Scope: This non-compliance was widespread as staff shortages impacted residents on different home areas.

Compliance History: Multiple WNs and VPCs were issued to the home related to different sub-sections of the legislation in the past 36 months.

(110)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Mar 02, 2022(A1)

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

REVIEW/APPEAL INFORMATION**TAKE NOTICE:**

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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

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

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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foyers de soins de longue durée*, L.O.
2007, chap. 8

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

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

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

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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

Issued on this 31st day of January, 2022 (A1)

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

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

Amended by DIANE BROWN (110) - (A1)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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l'article 154 de la *Loi de 2007 sur les
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**Service Area Office /
Bureau régional de services :**

Central East Service Area Office