



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

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

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

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

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

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

Central East Service Area Office
419 King Street West Suite #303
OSHAWA ON L1J 2K5
Telephone: (905) 433-3013
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Bureau régional de services du
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419 rue King Ouest bureau 303
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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 14, 2019	2019_603194_0009	003445-19, 003446-19	Follow up

Licensee/Titulaire de permis

Trent Valley Lodge Limited
195 Bay Street TRENTON ON K8V 1H9

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

Trent Valley Lodge
195 Bay Street TRENTON ON K8V 1H9

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): April 8, 9, 10, 11 and 12, 2019

Inspector completed Log #003445-19 for follow up to CO #001 related to care planning and Log #003446-19 for follow up to CO #002 related to staffing.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Nursing (DOC), Residents, Clinical Care Coordinator (CCC), Nurse Manager (NM) Scheduling unit clerk, Registered Nurse (RN), Registered Practical Nurse, (RPN), Personal Support Worker (PSW).

Reviewed the PSW staffing schedules, sick/absences sheets, PSW staffing and back up plans, clinical health records of identified residents and observed the provision of staff to resident care.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Sufficient Staffing**

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

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2018_603194_0019		194

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 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. Log #003446-19:

A Follow up Inspection for Compliance Order (CO) #002 related to O. Reg. 79/10 s. 31(3) sufficient staffing, under report 2018_603194_0019 with a compliance date of March 4, 2019 was completed.

The licensee has failed to ensure that the staffing plan provided for a PSW staffing mix that was consistent with the resident's assessed care needs.

During interview with Inspector #194, the DOC indicated that recruitment of PSW staff has been ongoing with 12 new PSW staff hired at the home since October 2018. The DOC indicated that the number of modified workers in the home has reduced from five to two PSW staff. The home continues to have five full-time PSW staff and three part-time PSW staff on extended leaves. The DOC verified that there had not been any changes to the staffing plan or back up plan since the last MOHLTC inspection at the home in October 2018.

The home's PSW staffing plan indicated:



- 102 residents on three floors in the home
- 14 PSW on day shift
- 11 PSW on evening shift
- 6 PSW on night shift

Review of the PSW staffing schedule and sick/absence sheets for an identified period was completed by Inspector #194. The review indicated that a total of 68 full PSW shifts and 147 hours of PSW partial shifts were not staffed during the review period.

During the inspection for CO #002 resident's #004, #005, and #009 were reviewed related to bathing and toileting care.

Resident #009:

Interview with resident #009 was conducted by Inspector #194. Resident #009 expressed that when they rang their bell, staff would respond and ask the resident to wait, then turn off the call bell. Resident #009 indicated that they would have to pull the call bell again for care. Resident #009 indicated that they required assistance from staff for toileting care. Resident #009 indicated that at times they had to wait for staff assistance related to toileting care.

During separate interviews with Inspector #194, PSW's #105, #109, #113 and #114 who were working on resident #009's unit indicated that the unit has been frequently working without the full complement of PSW staff. PSWs have indicated that when working without a full complement of PSW staff, that toileting care for resident's requiring two staff assist would result in wait times for the residents and bathing of residents was not always possible. PSW staff indicated to Inspector #194 that if a bath was not completed, it would be left for the next shift as a "priority bath" to be completed.

The plan of care for resident #009, related to toileting care, indicated the resident required two staff assist and was encouraged to use the call bell for assistance to prevent identified behaviour.

Review of the PSW documentation for resident #009 for an identified period for toileting care was completed. Review of resident #009's toileting care indicated that documentation was incomplete, with no documentation noted during some the specified period



The plan of care for resident #009, related to bathing, indicated the resident was provided a day bath twice weekly. Review of the bathing records for resident #009 for an identified period indicated that a number of baths were not documented during the review period.

The day book that is used to record outstanding baths indicated that resident #009 had outstanding baths on specified dates. Review of the PSW staffing schedule indicated that the identified unit was working without a full complement of staff on the specified dates.

The licensee failed to provide the assessed care needs for resident #009 related to toileting care and bathing, when the toileting care was delayed and when the resident was not provided two baths per week.

Resident #004:

During an interview with Inspector #194, resident #004 indicated that they were able to use the call bell and were dependent on two staff for transfers and toileting care. Resident #004 indicated that when the call bell was pulled staff would come, say they were busy and resident would have to wait. Resident #004 also expressed that they wished to have two baths a week but recently had only been receiving one bath a week. Resident #004 indicated that the reason for the decrease in bathing was that there are not enough staff.

During separate interviews with Inspector #194, PSW's #105, #103, #104 and #112 who were working on resident #004's unit indicated that the unit is frequently working without the full complement of PSW staff. PSW's have indicated that when working without a full complement of PSW staff, the toileting care for residents requiring two staff assist would result in wait times for the residents and bathing of residents was not always possible. PSW staff indicated to Inspector #194 that if a bath was not completed it would be left for the next shift as a "priority bath" to be completed.

The plan of care indicated that resident #004 was dependent on mobility device in the home, able to manoeuvre without assistance for limited amount of time. Resident #004 required one staff assist for all other Activities of Daily Living (ADL).

The plan of care for resident #004 further indicated that;
- related to bathing the resident was provided a day bath twice weekly.



Review of the bathing records for resident #004 for an identified period indicated a number baths had not been documented during the review period.

The day book that is used to record outstanding baths indicated that resident #004 had outstanding bath on several specified dates. Review of the PSW staffing schedule indicated that the home was working without a full complement of PSW staff on the identified dates.

The licensee failed to provided the assessed care needs for resident #004 related to bathing when the resident was not provided two baths per week.

Resident #005:

During interview with Inspector #194, resident #005 indicated that they required two staff assistance with toileting care. Resident #005 indicated having to wait for toileting care. Resident #005 indicated that the staff were expressing that they were short staffed as a reason for being told to wait for care. Resident #005 indicated that they would like to have two baths a week, most of the time they were receiving two baths a week, sometimes it was missed and the resident indicated the reason from staff was the same, working short staffed. Resident #005 indicated that their baths are scheduled at specific times and recently staff approached the resident for a bath at the opposite time, and they refused

During separate interviews with Inspector #194, PSW's #105, #103, #104 and #112 who were working on #005's unit indicated that the unit is frequently working without the full complement of PSW staff. PSW's have indicated that when working without a full complement of PSW staff, the toileting care for resident's requiring two staff assist would result in wait times for the residents and bathing of residents was not always possible. PSW staff indicated to Inspector #194 that if a bath was not completed it would be left for the next shift as a "priority bath" to be completed.

The plan of care indicated that resident #005 was independent for mobility with use of mobility device. Resident #005 required two staff assist for toileting care and was to be encouraged to use the call bell for assistance.

The plan of care for resident #005, related to bathing indicated that the resident was provided a day bath twice weekly. Review of the bathing records for resident #005 for an identified period indicated a number of baths had not been documented during the review



period.

The day book that is used to record outstanding baths indicated that resident #005 had outstanding bath on several dates. Review of the PSW staffing schedule indicated that the home was working without a full complement of PSW staff on all of the identified dates except for one.

Review of the documentation related to toileting care for resident #005 for an identified period was completed by Inspector #194. Incomplete documentation related to toileting care was noted for resident #005 on half of the identified dates.

The licensee failed to provided the assessed care needs for resident #005 related to toileting care and bathing, when the toileting care was delayed and when the resident was not provided two baths per week.

The licensee has failed to ensure that the staffing plan provided for a PSW staffing mix that was consistent with the resident's assessed care needs during an identified period. The assessed care needs for resident's #009, #004 and #005 related to toileting care and bathing were not provided by the PSW staff mix in the home during the reviewed period. [s. 31. (3)]

Additional Required Actions:

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

Issued on this 22nd day of May, 2019

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

Original report signed by the inspector.



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Soins de longue durée**

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHANTAL LAFRENIERE (194)

Inspection No. /

No de l'inspection : 2019_603194_0009

Log No. /

No de registre : 003445-19, 003446-19

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : May 14, 2019

Licensee /

Titulaire de permis : Trent Valley Lodge Limited
195 Bay Street, TRENTON, ON, K8V-1H9

LTC Home /

Foyer de SLD : Trent Valley Lodge
195 Bay Street, TRENTON, ON, K8V-1H9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kelly Slawter

To Trent Valley Lodge Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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)

Linked to Existing Order / 2018_603194_0019, CO #002;
Lien vers ordre existant:

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 be compliant with s. 31(3) of the LTCHA.

Specifically the licensee must:

- provide for a staffing mix that is consistent with the resident's assessed care and safety needs.
- ensure that residents are bathed, at a minimum twice weekly by the method of their choice.
- ensure that residents are toileted according to their assessed care needs, specifically resident who require the two staff assistance for toileting care.

Grounds / Motifs :

1. Log #003446-19:

A Follow up Inspection for Compliance Order (CO) #002 related to O. Reg.



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Ordre(s) de l'inspecteur

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

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

79/10 s. 31(3) sufficient staffing, under report 2018_603194_0019 with a compliance date of March 4, 2019 was completed.

The licensee has failed to ensure that the staffing plan provided for a PSW staffing mix that was consistent with the resident's assessed care needs.

During interview with Inspector #194, the DOC indicated that recruitment of PSW staff has been ongoing with 12 new PSW staff hired at the home since October 2018. The DOC indicated that the number of modified workers in the home has reduced from five to two PSW staff. The home continues to have five full-time PSW staff and three part-time PSW staff on extended leaves. The DOC verified that there had not been any changes to the staffing plan or back up plan since the last MOHLTC inspection at the home in October 2018.

The home's PSW staffing plan indicated:
-102 residents on three floors in the home
-14 PSW on day shift
-11 PSW on evening shift
- 6 PSW on night shift

Review of the PSW staffing schedule and sick/absence sheets for an identified period was completed by Inspector #194. The review indicated that a total of 68 full PSW shifts and 147 hours of PSW partial shifts were not staffed during the review period.

During the inspection for CO #002 resident's #004, #005, and #009 were reviewed related to bathing and toileting care.

Resident #009:

Interview with resident #009 was conducted by Inspector #194. Resident #009 expressed that when they rang their bell, staff would respond and ask the resident to wait, then turn off the call bell. Resident #009 indicated that they would have to pull the call bell again for care. Resident #009 indicated that they required assistance from staff for toileting care. Resident #009 indicated that at times they had to wait for staff assistance related to toileting 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

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During separate interviews with Inspector #194, PSW's #105, #109, #113 and #114 who were working on resident #009's unit indicated that the unit has been frequently working without the full complement of PSW staff. PSWs have indicated that when working without a full complement of PSW staff, that toileting care for resident's requiring two staff assist would result in wait times for the residents and bathing of residents was not always possible. PSW staff indicated to Inspector #194 that if a bath was not completed, it would be left for the next shift as a "priority bath" to be completed.

The plan of care for resident #009, related to toileting care, indicated the resident required two staff assist and was encouraged to use the call bell for assistance to prevent identified behaviour.

Review of the PSW documentation for resident #009 for an identified period for toileting care was completed. Review of resident #009's toileting care indicated that documentation was incomplete, with no documentation noted during some the specified period

The plan of care for resident #009, related to bathing, indicated the resident was provided a day bath twice weekly. Review of the bathing records for resident #009 for an identified period indicated that a number of baths were not documented during the review period.

The day book that is used to record outstanding baths indicated that resident #009 had outstanding baths on specified dates. Review of the PSW staffing schedule indicated that the identified unit was working without a full complement of staff on the specified dates.

The licensee failed to provided the assessed care needs for resident #009 related to toileting care and bathing, when the toileting care was delayed and when the resident was not provided two baths per week.

Resident #004:

During an interview with Inspector #194, resident #004 indicated that they were able to use the call bell and were dependent on two staff for transfers and toileting care. Resident #004 indicated that when the call bell was pulled staff

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would come, say they were busy and resident would have to wait. Resident #004 also expressed that they wished to have two baths a week but recently had only been receiving one bath a week. Resident #004 indicated that the reason for the decrease in bathing was that there are not enough staff.

During separate interviews with Inspector #194, PSW's #105, #103, #104 and #112 who were working on resident #004's unit indicated that the unit is frequently working without the full complement of PSW staff. PSW's have indicated that when working without a full complement of PSW staff, the toileting care for resident's requiring two staff assist would result in wait times for the residents and bathing of residents was not always possible. PSW staff indicated to Inspector #194 that if a bath was not completed it would be left for the next shift as a "priority bath" to be completed.

The plan of care indicated that resident #004 was dependent on mobility device in the home, able to manoeuvre without assistance for limited amount of time. Resident #004 required one staff assist for all other Activities of Daily Living (ADL).

The plan of care for resident #004 further indicated that;
- related to bathing the resident was provided a day bath twice weekly.

Review of the bathing records for resident #004 for an identified period indicated a number baths had not been documented during the review period.

The day book that is used to record outstanding baths indicated that resident #004 had outstanding bath on several specified dates. Review of the PSW staffing schedule indicated that the home was working without a full complement of PSW staff on the identified dates.

The licensee failed to provided the assessed care needs for resident #004 related to bathing when the resident was not provided two baths per week.

Resident #005:

During interview with Inspector #194, resident #005 indicated that they required two staff assistance with toileting care. Resident #005 indicated having to wait



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for toileting care. Resident #005 indicated that the staff were expressing that they were short staffed as a reason for being told to wait for care. Resident #005 indicated that they would like to have two baths a week, most of the time they were receiving two baths a week, sometimes it was missed and the resident indicated the reason from staff was the same, working short staffed. Resident #005 indicated that their baths are scheduled at specific times and recently staff approached the resident for a bath at the opposite time, and they refused

During separate interviews with Inspector #194, PSW's #105, #103, #104 and #112 who were working on #005's unit indicated that the unit is frequently working without the full complement of PSW staff. PSW's have indicated that when working without a full complement of PSW staff, the toileting care for resident's requiring two staff assist would result in wait times for the residents and bathing of residents was not always possible. PSW staff indicated to Inspector #194 that if a bath was not completed it would be left for the next shift as a "priority bath" to be completed.

The plan of care indicated that resident #005 was independent for mobility with use of mobility device. Resident #005 required two staff assist for toileting care and was to be encouraged to use the call bell for assistance.

The plan of care for resident #005, related to bathing indicated that the resident was provided a day bath twice weekly. Review of the bathing records for resident #005 for an identified period indicated a number of baths had not been documented during the review period.

The day book that is used to record outstanding baths indicated that resident #005 had outstanding bath on several dates. Review of the PSW staffing schedule indicated that the home was working without a full complement of PSW staff on all of the identified dates except for one.

Review of the documentation related to toileting care for resident #005 for an identified period was completed by Inspector #194. Incomplete documentation related to toileting care was noted for resident #005 on half of the identified dates.

The licensee failed to provided the assessed care needs for resident #005



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O. 2007, chap. 8

related to toileting care and bathing, when the toileting care was delayed and when the resident was not provided two baths per week.

The licensee has failed to ensure that the staffing plan provided for a PSW staffing mix that was consistent with the resident's assessed care needs during an identified period. The assessed care needs for resident's #009, #004 and #005 related to toileting care and bathing were not provided by the PSW staff mix in the home during the reviewed period. [s. 31. (3)]

The severity of this issue was determined to be a level 2 as a potential or actual harm. The scope of the issue was a level 3 as it was widespread through out the home. The home had a level 4 history with ongoing non compliance with Compliance Order. - (CO) #002 amended January 16, 2019 with a compliance date of March 4, 2019 issued under report # 2018_603194_0019.

(194)

This order must be complied with by /

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

Jul 17, 2019



**Ministry of Health and
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**Ministère de la Santé et des
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foyers de soins de longue durée*, L.
O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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:



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Order(s) of the Inspector

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section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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 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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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 de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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

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

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

À l'attention du/de la registrateur(e)
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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

Issued on this 14th day of May, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Chantal Lafreniere

Service Area Office /

Bureau régional de services : Central East Service Area Office