

**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
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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 06, 2022	2021_882760_0045 (A1)	012119-21, 012132-21, 012518-21, 015845-21, 015846-21, 015917-21, 015920-21, 015921-21, 015923-21, 015924-21, 015925-21, 015926-21, 015927-21, 015928-21, 017389-21	Complaint

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

Amended by JACK SHI (760) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Compliance order due date extended due to licensee request.

Issued on this 6 th 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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Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

Amended by JACK SHI (760) - (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 13, 14, 15, 16, 17, 20, 21, 22, 2021.

The following intakes were completed in this complaints inspection:

Three logs were related to short staffing and allegations of resident neglect;

A log was related to an admission denial;

A follow up log to Compliance Order (CO) #001, LTCHA s. 20 (1), related to prevention of abuse and neglect, issued under inspection #2021_885601_0014, on September 23, 2021, with a compliance date of November 19, 2021, was inspected;

A follow up log to Compliance Order (CO) #002, LTCHA s. 76 (4), related to prevention of abuse and neglect, issued under inspection #2021_885601_0014, on September 23, 2021, with a compliance date of November 19, 2021, was inspected;

A follow up log to Compliance Order (CO) #001, LTCHA s. 5, related to infection prevention and control, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of October 14, 2021, was inspected;

A follow up log to Compliance Order (CO) #003, LTCHA s. 19 (1), related to prevention of abuse and neglect, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of November 19, 2021, was inspected;

A follow up log to Compliance Order (CO) #004, LTCHA s. 24 (1), related to

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prevention of abuse and neglect, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of November 19, 2021, was inspected;

A follow up log to Compliance Order (CO) #006, O. Reg 79/10 s. 68 (2), related to nutrition and hydration, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of November 19, 2021, was inspected;

A follow up log to Compliance Order (CO) #007, O. Reg 79/10 s. 71 (4), related to nutrition and hydration, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of November 19, 2021, was inspected;

A follow up log to Compliance Order (CO) #008, O. Reg 79/10 s. 73 (1), related to dining room services, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of October 25, 2021, was inspected;

A follow up log to Compliance Order (CO) #009, O. Reg 79/10 s. 229 (4), related to infection prevention and control, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of October 25, 2021, was inspected;

A follow up log to Compliance Order (CO) #010, O. Reg 79/10 s. 229 (5), related to infection prevention and control, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of November 19, 2021, was inspected;

A follow up log to Compliance Order (CO) #012, O. Reg 79/10 s. 31 (3), related to sufficient staffing, issued under inspection #2021_885601_0015, on September 23, 2021, with a compliance date of November 19, 2021, was inspected.

During the course of the inspection, the inspector(s) spoke with the Registered Dietitian (RD), the Nutritional Care Manager (NCM), the Clinical Care Coordinator (CCC), a support services staff member, the Registered Nurse (RN), the Charge Nurse (CN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Administrator and the Director of Care (DOC).

During the course of the inspection, the inspector toured the home, observed Infection Prevention and Control (IPAC) practices, observed care activities on the units, observed dining room service, reviewed relevant policies and procedures and reviewed resident records.

The following Inspection Protocols were used during this inspection:

- Admission and Discharge**
- Infection Prevention and Control**
- Nutrition and Hydration**
- Prevention of Abuse, Neglect and Retaliation**
- Sufficient Staffing**

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

- 4 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 # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #003	2021_885601_0015	760

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LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #001	2021_885601_0014	760
O.Reg 79/10 s. 229. (4)	CO #009	2021_885601_0015	760
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #004	2021_885601_0015	760
O.Reg 79/10 s. 31. (3)	CO #012	2021_885601_0015	760
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2021_885601_0015	760
O.Reg 79/10 s. 68. (2)	CO #006	2021_885601_0015	641
O.Reg 79/10 s. 71. (4)	CO #007	2021_885601_0015	641
O.Reg 79/10 s. 73. (1)	CO #008	2021_885601_0015	641
LTCHA, 2007 S.O. 2007, c.8 s. 76. (4)	CO #002	2021_885601_0014	760

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :

1. Compliance Order (CO) #010 related to O. Reg. 79/10, s. 229 (5) from Inspection #2021_885601_0015 issued on September 23, 2021, with a compliance due date of November 19, 2021, is being re-issued as follows:

The licensee failed to ensure that residents experiencing symptoms of an

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infection had their symptoms monitored on every shift.

A follow-up inspection was conducted, and the licensee failed to demonstrate that resident symptoms were being monitored on each shift.

As part of the requirements of CO #010, the licensee was required to create a process to monitor residents experiencing infectious symptoms. A process was developed, and a tracking sheet titled, "Infection Tracking Sheet" was created. The tracking sheet did not specify any directions on how resident symptoms were to be monitored. A review of these sheets indicated that residents #007, 010 and 009 did not have their infectious symptoms monitored every shift. Furthermore, the inspector did not find any documented evidence that the home had presented education to their staff on how to use the tracking sheets or the requirements for monitoring residents with infectious symptoms. The inspector also did not find any audits related to completed infection tracking sheets, as it was required under CO #010.

An interview with RPN #103 indicated they were not formally educated by the licensee on how to fill out the infection tracking sheets and was told to self-educate themselves on the use of the tracking sheet. Furthermore, the RPN mentioned they were told that they had to fill out the forms once a day for residents experiencing infectious symptoms. Clinical Care Coordinator (CCC) #101 indicated that staff are to monitor residents experiencing infectious symptoms every shift and the infection tracking sheet should be completed each shift. The CCC acknowledged that the process created by the licensee did not provide instructions to the staff on how this process or form was to be completed and also understood that the tracking sheet was not a documented topic in the home's education to the staff. The CCC also confirmed that an audit for their process was not completed, when it was required under CO #010.

Sources: Interviews with RPN #103, CCC #101 and other staff; Review of the home's compliance binder related to compliance order #010; Infection tracking sheets for residents #007, 010 and 009. [s. 229. (5) (a)]

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

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

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1. The licensee failed to ensure that the care set out in the plan of care for residents #004, #008, #018 and #020 was provided to the residents as specified in their plans.

During a follow-up inspection, Inspector #641 observed resident #004, #008, #018 and #020's care plan which indicated an amount of fluids they are to have in a day and offered an amount of fluids outside of meals and snacks, as per Hydration Program Interventions schedule, and an expected outcome would be documented. Resident #004, #008, #018 and #020 did not meet their expected outcomes.

The Inspector observed the Monitoring Fluid Intake form, which indicated that the staff were to report to the RN/RPN any resident who was consuming less than a certain amount. There had been no Monitoring Fluid Intake forms completed for monitoring of these four residents during the days that the residents had not consumed their required fluid levels.

The Registered Dietitian (RD) indicated that residents #004, #008, #018 and #020 were assessed nutritionally to be at high risk as per their individual quarterly nutritional assessments documented in their care plans. The RD stated they had not received any referrals for the four residents identified in the order, during the last 3 months, related to their fluid intake.

There was risk of harm to the residents as the nutritional care needs that had been set out in the residents' care plans, had not been met, putting those residents at risk for dehydration.

This non-compliance was previously identified during Inspection #2021_885601_0015, under compliance order (CO) #011, issued on September 23, 2021, with compliance due date of January 31, 2022.

Sources: Interviews with PSWs, RPNs, RNs, RD and DOC; observations of Nutrition and Hydration policies and procedures and resident care records. (641) [s. 6. (7)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

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1. The licensee failed to ensure that the policies and procedures relating to nutrition care and dietary services and hydration were developed and implemented in consultation with a registered dietitian who is a member of the staff of the home.

During an interview with Inspector #641, the Registered Dietitian #117 (RD) stated they had not been involved in the review of the nutrition and hydration policies for the licensee. The RD stated being aware that the home had policies but had never seen them.

The Director of Care (DOC) stated that the RD was not involved in reviewing the nutrition and hydration policies. The DOC stated that it was possible that the RD might have seen the policies since they had been given to the Nutritional Care Manager after they had been completed.

Sources: Interviews with the RD, DOC and other staff; review of Nutrition and Hydration policies and procedures. [s. 68. (2) (a)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

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1. The licensee has failed to comply with Compliance Order (CO) #008 from Inspection #2021_885601_0015 served on September 23, 2021 with a compliance due date of October 25, 2021.

As per the compliance order, the licensee was to conduct daily audits of meal services for a period of two weeks to ensure safe positioning of residents #004, #008, #018 and #020 and all residents during meals and to keep a documented record of the audits completed.

The DOC stated they had not completed a daily audit of meal services for any period, to ensure safe positioning of the residents indicated, as required in the order.

Sources: CO #008 from Inspection #2021_885601_0015; interviews with PSW #116, DOC #100 and other staff; observations during mealtimes. [s. 101. (3)]

Issued on this 6 th 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
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Inspection de soins de longue durée

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by JACK SHI (760) - (A1)

**Inspection No. /
No de l'inspection :** 2021_882760_0045 (A1)

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

**Log No. /
No de registre :** 012119-21, 012132-21, 012518-21, 015845-21,
015846-21, 015917-21, 015920-21, 015921-21,
015923-21, 015924-21, 015925-21, 015926-21,
015927-21, 015928-21, 017389-21 (A1)

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

**Report Date(s) /
Date(s) du Rapport :** Jan 06, 2022(A1)

**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

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

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

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

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l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

Order # /**No d'ordre:** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /**

2021_885601_0015, CO #010;

Lien vers ordre existant:**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in
accordance with evidence-based practices and, if there are none, in
accordance with prevailing practices; and
(b) the symptoms are recorded and that immediate action is taken as required.
O. Reg. 79/10, s. 229 (5).

Order / Ordre :

The licensee must be compliant with s. 229 (5) of O. Reg. 79/10.

Specifically, the licensee must:

- 1) Ensure the home's process with monitoring residents with symptoms of infection provide directions to the staff on how they are to complete it.
- 2) Educate the PSWs and Registered staff on the process to follow to monitor residents with symptoms of an infection. Keep a documented record of the education provided and staff attendance.
- 3) Conduct weekly audits on the monitoring process of residents with symptoms indicating the presence of infection, including accurately documenting the resident's symptoms of infection on every shift. Keep a documented record of the audits completed.

Grounds / Motifs :

1. Compliance Order (CO) #010 related to O. Reg. 79/10, s. 229 (5) from Inspection #2021_885601_0015 issued on September 23, 2021, with a compliance due date of November 19, 2021, is being re-issued as follows:

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

The licensee failed to ensure that residents experiencing symptoms of an infection had their symptoms monitored on every shift.

A follow-up inspection was conducted, and the licensee failed to demonstrate that resident symptoms were being monitored on each shift.

As part of the requirements of CO #010, the licensee was required to create a process to monitor residents experiencing infectious symptoms. A process was developed, and a tracking sheet titled, "Infection Tracking Sheet" was created. The tracking sheet did not specify any directions on how resident symptoms were to be monitored. A review of these sheets indicated that residents #007, 010 and 009 did not have their infectious symptoms monitored every shift. Furthermore, the inspector did not find any documented evidence that the home had presented education to their staff on how to use the tracking sheets or the requirements for monitoring residents with infectious symptoms. The inspector also did not find any audits related to completed infection tracking sheets, as it was required under CO #010.

An interview with RPN #103 indicated they were not formally educated by the licensee on how to fill out the infection tracking sheets and was told to self-educate themselves on the use of the tracking sheet. Furthermore, the RPN mentioned they were told that they had to fill out the forms once a day for residents experiencing infectious symptoms. Clinical Care Coordinator (CCC) #101 indicated that staff are to monitor residents experiencing infectious symptoms every shift and the infection tracking sheet should be completed each shift. The CCC acknowledged that the process created by the licensee did not provide instructions to the staff on how this process or form was to be completed and also understood that the tracking sheet was not a documented topic in the home's education to the staff. The CCC also confirmed that an audit for their process was not completed, when it was required under CO #010.

Sources: Interviews with RPN #103, CCC #101 and other staff; Review of the home's compliance binder related to compliance order #010; Infection tracking sheets for residents #007, 010 and 009.

Severity: There was minimal risk of harm to the residents because by failing to monitor residents with infectious symptoms, this may lead to further negative

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Pursuant to section 153 and/or
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2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

outcomes with the resident's health condition.

Scope: The scope of this non-compliance was widespread because three residents were reviewed, and all three residents did not have their infectious symptoms monitored every shift during the period they were experiencing infectious symptoms.

Compliance History: The licensee continues to be in non-compliance with s. 229 (5) of the O. Reg. 79/10, resulting in a compliance order (CO) being re-issued. CO #010 was issued on September 23, 2021, (Inspection # 2021_885601_0015) with a compliance due date of November 19, 2021. (760)

This order must be complied with by /

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

Mar 31, 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
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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.
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

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 6 th day of January, 2022 (A1)

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

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

Amended by JACK SHI (760) - (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

**Service Area Office /
Bureau régional de services :**

Central East Service Area Office