



**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  
le Loi de 2007 les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
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Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
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## **Amended Public Copy/Copie modifiée du public de permis**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 19, 2015;	2015_216144_0019 (A1)	L-002136-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

Berkshire Care Centre  
350 DOUGALL AVENUE WINDSOR ON N9A 4P4

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



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le Loi de 2007 les foyers de  
soins de longue durée**

CAROLEE MILLINER (144) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**The date for compliance was initially & incorrectly identified as the year 2017. I has been changed to 2015.**

**Issued on this 25 day of May 2015 (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**



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CAROLEE MILLINER (144) - (A1)

### **Amended Inspection Summary/Résumé de l'inspection modifié**

**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): April 14, 15, 16, 17, 21, 22, 23, 24, 2015.**

**During the course of the inspection, the inspector(s) spoke with 40 plus Residents, three family members, the Acting Administrator, Director of Nursing and Personal Care, two Assistant Director's of Nursing and Personal Care, the Corporate Clinical Director, Registered Dietitian, Program Manager, Environmental Services Supervisor, Administrative Assistant, three Registered Nurses, four Registered Practical Nurses, six Personal Service Workers, one Health Care Aide, two Restorative Care Aides and two Housekeeping personnel.**

**During the course of the inspection, the Inspector(s) toured all resident home areas (RHA), medication rooms, observed dining service, medication administration, provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed resident's clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.**

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



**Accommodation Services - Housekeeping**  
**Accommodation Services - Maintenance**  
**Dignity, Choice and Privacy**  
**Dining Observation**  
**Falls Prevention**  
**Family Council**  
**Hospitalization and Change in Condition**  
**Infection Prevention and Control**  
**Medication**  
**Minimizing of Restraining**  
**Nutrition and Hydration**  
**Personal Support Services**  
**Prevention of Abuse, Neglect and Retaliation**  
**Residents' Council**  
**Responsive Behaviours**  
**Skin and Wound Care**  
**Sufficient Staffing**

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

**7 WN(s)**

**4 VPC(s)**

**2 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:**



<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 31. (3)	CO #002	2014_255516_0026	144
O.Reg 79/10 s. 31. (3)	CO #002	2014_255516_0026	144
LTCHA, 2007 s. 6.	CO #001	2014_255516_0026	144
LTCHA, 2007 s. 6.	CO #001	2014_255516_0026	144
O.Reg 79/10 s. 8.	CO #003	2014_255516_0026	144
O.Reg 79/10 s. 8.	CO #003	2014_255516_0026	144



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
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 #4: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care  
Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident?

- a) Throughout the Resident Quality Inspection (RQI), one resident's bed was observed with one full length bed side rail in the elevated position.
- b) The resident and two nursing staff confirmed the side rail is in the elevated position at all times.
- c) The current quarterly assessment and written plan of care does not include the use of the bedside rail and does not provide clear direction to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident?

- a) One resident was observed throughout the RQI in their bed with two full length bed rails in the elevated position.
- b) The current written plan of care includes directions for one half length bed side rail to remain in the elevated position when the resident is in bed and the other side of the bed to be pushed against the wall.
- d) The current quarterly assessment does not include the use of bed side rails.
- e) Two nursing personal confirmed the resident's bed is not pushed against the wall and the resident uses two full length bedside rails.
- f) They further confirmed the plan of care does not provide clear direction to staff. [s. 6. (1) (c)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***





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**WN #5: The Licensee has failed to comply with LTCHA, 2007, s. 15.  
Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

a) During the initial tour of the home and general observations during the RQI, food debris was noted to be splattered and dried on lower walls and dining room chair legs in dining room/lounge areas on five identified floors.

b) Built up dirt and debris was also observed in corners and around the perimeter of the dining rooms and lounge areas.

c) One family member during the RQI indicated "that the home could be cleaner" with "more attention paid to detail".

d) Review of the Housekeeping Aides #5 daily cleaning routines and procedures includes spray buffing the main dining room. The ESS indicated "heavy duty deep cleaning" is scheduled to be completed weekly.

e) Review of the Housekeeping Aides #1, 2, 3, 4, and 6 daily cleaning routines include spot wiping of walls. [s. 15. (2) (a)]

f) During the initial tour and throughout the inspection the following observations were made:

- 8th Floor

- dining room/lounge missing cupboard doors and tape being used to hold a baseboard to the wall

- black scuff marks along the bottom of the doors and on walls in the hallway

- 7th, 6th, 5th, 4th, 3rd and 2nd Floor

- dining room/lounge grout around counter top by the sinks is discoloured and peeling



- dining room cupboards are delaminating and or chipped
- black scuff marks on dining room walls and walls in the corridor
  
- 2nd and 4th Floor
- dining room table and chair legs are worn and marked
  
- 3rd and 5th Floor
- black scuff marks along bottom of walls and doors in the South hallways
- g) Caulking around toilets in identified rooms is discoloured and peeling away from the base of the toilet.
- c) Caulking around the toilet in one identified room is discoloured with a black substance.
- d) Handrails in resident hallways are worn and scuffed.
- e) The Acting Administrator and ESS are aware of the maintenance concerns and both expressed the expectation that the home be maintained in a good state of repair. Both confirmed plans for identified areas to be addressed through capital expenditures. [s. 15. (2) (c)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**



**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system put in place, is complied with.

a) Review of the home's policies related to catheterization and flow sheets, directs nursing personnel to complete specific tasks during their work shift.

b) The specific tasks for identified residents was not completed on fifteen occasions between April 17 and April 21, 2015.

c) The Director of Nursing and Personal Care (DONPC) shared with the Inspector, it is the expectation of the home that staff will comply with the home's policy and complete the tasks as directed. [s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system put in place, is complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87.  
Housekeeping**



Specifically failed to comply with the following:

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**  
**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that incidents of lingering offensive odours have been addressed.

a) Throughout the inspection lingering offensive urine odours were found in identified rooms.

b) Staff confirmed the lingering odours persist despite efforts to address them with extra cleaning and interventions for specific residents.

d) The Environment Services Supervisor (ESS) is aware of the ongoing concerns about odours and has obtained quotes to replace flooring in these areas.

e) The ESS confirmed that it is the expectation that the home is free of lingering offensive odours. [s. 87. (2) (d)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that incidents of lingering offensive odours have been addressed, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care**



**Specifically failed to comply with the following:**

**s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident receives fingernail care.

a) During stage one of the RQI, the fingernails of one hand of an identified resident were observed to be dirty.

b) During stage 2 of the RQI, the resident's fingernails were observed to still be soiled.

c) The resident advised their nails are "sometimes cleaned during their bath but not with every bath."

d) Three nursing staff confirmed the resident did not have their bath as scheduled between stages 1 and 2 of the RQI and that their fingernails have not been cleaned.

[s. 35. (2)]

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**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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that staff participate in the implementation of the infection control program.

a) The following observations were noted during a walk-through of the home on April 23, 2015:

- unlabelled personal hygiene items including wash basins and a urinal in resident semi-private and ward rooms
- care carts in tub rooms containing personal care items that were soiled and items with worn off labels
- significant urine odour and soiled briefs were noted in one identified tub room
- soiled laundry on the floor in one tub room and the shower chair was noted to be worn and requires cleaning or replacement
- a "dinner plate cover" lying on top of the soiled laundry hamper in one identified hallway

[s. 229. (4)]

***Additional Required Actions:***

**CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**

**Findings/Faits saillants :**



1. The licensee did not ensure that each resident of the home is bathed, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

a) Resident bath schedules and flow sheets on one identified resident home area (RHA) were reviewed over a four day period by Inspector #144 and one nursing staff with the following results:

- seventeen residents did not receive their scheduled bath between April 17 and April 21, 2015.

b) The nursing staff that assisted the Inspector with the review advised the resident baths had not been rescheduled. [s. 33.]

***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:CO# 001**



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**Issued on this 25 day of May 2015 (A1)**

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

**Original report signed by the inspector.**





**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  
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O. 2007, chap. 8

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** CAROLEE MILLINER (144) - (A1)

**Inspection No. /**

**No de l'inspection :** 2015\_216144\_0019 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** L-002136-15 (A1)

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** May 19, 2015;(A1)

**Licensee /**

**Titulaire de permis :** REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR,  
MISSISSAUGA, ON, L5R-4B2

**LTC Home /**

**Foyer de SLD :** Berkshire Care Centre  
350 DOUGALL AVENUE, WINDSOR, ON, N9A-4P4



**Order(s) of the Inspector**

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O. 2007, chap. 8

**Name of Administrator /** Debbie Boakes  
**Nom de l'administratrice**  
**ou de l'administrateur :**

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To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

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**Order # /**                      **Order Type /**  
**Ordre no :** 001                **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 33. Bathing

**Order / Ordre :**

(A1)

The licensee must ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

**Grounds / Motifs :**

1. The licensee did not ensure that each resident of the home is bathed, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

a) Resident bath schedules and flow sheets on one identified resident home area (RHA) were reviewed from April 17 to April 22, 2015 by one Inspector and one nursing staff with the following results:

- seventeen residents did not receive their scheduled bath between April 17 and April 21, 2015

b) The nursing staff assisting the Inspector with the review confirmed the resident baths had not been rescheduled. (144)



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**Order(s) of the Inspector**

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section 154 of the Long-Term  
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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

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

May 27, 2015(A1)

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<b>Order # / Ordre no :</b> 002	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

**Order / Ordre :**

The licensee must ensure that staff participate in the implementation of the infection control program.



**Ministry of Health and  
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**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

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

**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

**Grounds / Motifs :**

1. The licensee has failed to ensure that staff participate in the implementation of the infection control program.

The following observations were noted during a walk through of the home on April 23, 2015:

a) - unlabelled personal hygiene items including wash basins and a urinal in resident semi-private and ward rooms

- care carts in tub rooms containing personal care items that were soiled and items with worn off labels.

- significant urine odour and soiled briefs were noted in one identified tub room

- soiled laundry on the floor in one tub room and the shower chair was observed to require cleaning or replacement.

- a "dinner plate cover" was lying on top of a soiled laundry hamper in the hallway on one identified floor.

(190)

**This order must be complied with by /**

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

May 27, 2015



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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 or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance 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 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:

Health Services Appeal and Review Board and the Director



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

**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

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

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

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

**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

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](http://www.hsarb.on.ca).

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e 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**

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2007, c. 8

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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

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 25 day of May 2015 (A1)**

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

**Name of Inspector /  
Nom de l'inspecteur :** CAROLEE MILLINER - (A1)

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