

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: March 27, 2025

Inspection Number: 2025-1592-0002

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: The Corporation of the City of Kawartha Lakes

Long Term Care Home and City: Victoria Manor Home for the Aged, Lindsay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 17 - 20 and 24 - 27, 2025.

The following intake(s) were inspected:

- Intake: #00133190 - Follow-up #1 - CO #005 / 2024-1592-0003, O. Reg. 246/22 - s. 281 (1) Records, where kept, CDD February 28, 2025.
- Intake: #00133192 - Follow-up #1 - CO #004 / 2024-1592-0003, O. Reg. 246/22 - s. 252, Hiring staff, accepting volunteers, CDD February 28, 2025
- Intake: #00133193 - Follow-up #1 - CO #003 / 2024-1592-0003, O. Reg. 246/22 - s. 102 (12) 4. Infection Prevention and Control Program, CDD February 28, 2025.
- Intake: #00137965 – related to a complaint regarding the continence care of a resident.
- Intake: #00138171 – related to improper care of a resident
- Intake: #00139477 – related to an allegation of abuse of a resident by another resident.
- Intake: #00140943 – related to an outbreak.
- Intake: #00142635 – related to falls of two residents.
- Intake: #00142775 – related to the unexpected death of a resident.

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- The following intake was completed in this inspection: intake #00112438 - related to a fall of a resident causing injuries.

Previously Issued Compliance Order(s)

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

- Order #005 from Inspection #2024-1592-0003 related to O. Reg. 246/22, s. 281 (1)
- Order #004 from Inspection #2024-1592-0003 related to O. Reg. 246/22, s. 252 (3)

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

- Order #003 from Inspection #2024-1592-0003 related to O. Reg. 246/22, s. 102 (12) 4.

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

- Contenance Care
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Staffing, Training and Care Standards
- Pain Management
- Falls Prevention and Management

INSPECTION RESULTS

Ministry of Long-Term Care

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WRITTEN NOTIFICATION: Right to freedom from abuse and neglect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 4.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

4. Every resident has the right to freedom from abuse.

The licensee failed to ensure a resident was protected from abuse by a co-resident.

Documentation identified that a co-resident exhibited an identified responsive behaviour towards a resident. Documentation identified that this was not the first incident in which the co-resident exhibited the responsive behaviour towards the resident.

Sources: Clinical health record for the residents, Critical Incident; and an interview with the Registered Practical Nurse-Behaviour Supports.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (4)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

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Long-Term Care Inspections Branch

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The licensee has failed to ensure that the staff and others involved in a resident's care collaborated in the resident's assessment, development and implementation of the plan of care, and shared critical information to ensure their assessments and care were integrated, consistent, and complementary. Specifically, registered staff did not communicate certain health concerns on specified dates. Additionally, a lack of communication resulted in diagnostic tests not being completed as scheduled.

Source: The resident's progress notes and interview with the Director of Care and Nurse Practitioner.

WRITTEN NOTIFICATION: Plan of care

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

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

Plan of care

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.

1- The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan. Specifically, registered staff failed to contact the physician or the Nurse Practitioner when the resident exhibited notable changes in condition on specified dates.

Source: The resident's documentation survey report of a specified month, the resident's progress notes, the resident's Medication Administration Record, and interview with a Registered Nurse.

2- The licensee failed to ensure that the care set out in the plan of care related to a specified intervention was provided to a resident as specified in the plan when the intervention in the care plan was not implemented, leading to a fall of a resident.

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Source: The resident's clinical record and interviews with resident care aide (RCA) and a registered practical nurse (RPN).

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee failed to ensure the home was kept clean and sanitary.

Cleanliness and sanitary concerns were identified in shared resident washrooms. Two of the rooms were identified to be under enhanced precautions.

Sources: Observations, resident shared washrooms; and interviews with the Manager of Building Services and the Director of Care.

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was not neglected by staff.

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Section 7 of the Ontario Regulation 246/22 defines neglect as “the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.”

Between specified dates, there was a lack of action in response to a documented change in the resident’s condition. No intervention was recorded until a medical device was replaced at a later time

Additionally, the following non-compliances were identified within this report specific to the resident’s care:

-Written Notification (WN) – FLTCA, 2021, s. 6 (4). The licensee has failed to ensure that the staff and others involved in the resident’s care collaborated in the resident’s assessment, development and implementation of the plan of care, and shared critical information to ensure their assessments and care were integrated, consistent, and complementary.

-WN – FLTCA, 2021, s. 6 (7). The licensee has failed to ensure that the care set out in the plan of care for the resident was provided to the resident as specified in the plan.

-WN – O. Reg 246/22, s. 53. (1) 3. The licensee has failed to ensure that staff complied with the continence care and bowel management policy, as set out in Ontario Regulation (O. Reg. 246/22) 102 (11).

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies and protocols that were developed for the continence care and bowel management program were complied with.

Source: The resident’s progress notes, the resident’s documentation survey of Aug 2024, the resident’s health record, and an interview with a Registered Nurse.

Ministry of Long-Term Care

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

Central East District

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WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that a witnessed incident of abuse of a resident was immediately reported to the Director. Documentation identified the incident occurred and was not reported to the Director for approximately eighteen hours.

Sources: Clinical health record for residents, and a Critical Incident.

WRITTEN NOTIFICATION: License must comply

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

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

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

Compliance Order (CO) #003 from inspection #2024 1592 0003 issued on November 27, 2024, with a compliance due date (CDD) of February 28, 2025, pursuant to O. Reg. 246/22, s. 102 (12) 4 was not complied with.

Ministry of Long-Term Care

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

Central East District

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The following conditions of the order were not complied:

2. The Administrator or IPAC Lead will review the HR files for all staff hired since January 2023 to present, including Agency staff, to ensure that a valid TBST was completed and is retained in the home on file. If valid TBST are identified as missing, that staff or Agency staff member must have the TBST completed and may not work in the home until the valid document is provided.

3. The home will retain on site a valid TBST result for all staff including agency staff and make these records available to the inspector upon request.

The licensee failed to ensure that staff were screened for tuberculosis disease in accordance with any standard or protocol issued by the Director. Randomly selected personnel files were reviewed for staff, including agency, that were hired between 2023 and 2025; numerous files were identified incomplete.

Sources: Personnel files for staff members, licensee policies, 'Tuberculosis Screening Requirement', and 'Tuberculosis Screening'; and interviews with the Infection Prevention and Control Lead, and the Executive Director.

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

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #007

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

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

Ministry of Long-Term Care

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

Central East District

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Act.

Compliance History:

The licensee has been previously issued non-compliance pursuant to O. Reg. 246/22, s. 102 (12) 4, under Inspection Report #2024 1592 0003, which was issued on November 27, 2024, as a Compliance Order (CO), with a CDD of February 28, 2024.

This was Follow Up #1 related to CO #003.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

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

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

WRITTEN NOTIFICATION: Personal items and personal aids

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 41 (1) (a)

Personal items and personal aids

s. 41 (1) Every licensee of a long-term care home shall ensure that each resident of the home has their personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and

Ministry of Long-Term Care

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

Central East District

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The licensee failed to ensure that each resident's personal care items were labelled.

Observations identified that personal care items in shared resident washrooms and a communal washroom were not individually labelled for use.

Sources: Observations, the resident washrooms, and the communal resident washroom; and an interview with the Director of Care.

WRITTEN NOTIFICATION: Required programs

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 3.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

The licensee has failed to ensure that staff complied with the continence care and bowel management policy, as set out in Ontario Regulation (O. Reg. 246/22) 102 (11).

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies and protocols that were developed for the continence care and bowel management program were complied with. Specifically, staff did not consistently document relevant health information every shift for a resident requiring specific care.

Source: The resident's documentation survey report on an identified month, the resident's health record, the home's continence care and bowel management policy, and interview with a Registered Nurse.

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Long-Term Care Operations Division

Long-Term Care Inspections Branch

Central East District

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WRITTEN NOTIFICATION: Altercations and other interactions between residents

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

The licensee failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between residents.

Documentation identified that a resident was witnessed exhibiting a responsive behaviour towards a co-resident. Documentation identified that steps were not taken to safeguard the co-resident and/or others until the next day. Documentation identified this was not the first occurrence where the resident exhibited the responsive behaviour towards the co-resident and/or other residents.

Sources: Critical Incident, clinical health record for residents; and an interview with a Registered Practical Nurse.

WRITTEN NOTIFICATION: Dining and snack service

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
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5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee failed to ensure food and fluids were being served at a safe and palatable temperature.

A plate of food and a cup of a hot beverage were observed on a dining room table, in a resident home area for an extended period. A staff member indicated that the meal was for a specified resident. The Manager of Dietary Services indicated staff are not to place food and fluids at a resident's assigned dining room table until the resident is seated.

Sources: Observations in a dining room; and an interview with the Manager of Dietary Services.

WRITTEN NOTIFICATION: Dining and snack service

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee failed to ensure course by course meal service was provided.

Residents were observed being provided two courses of a meal at the same time. The Manager of Dietary Services indicated that course by course meal service is an expectation.

Ministry of Long-Term Care

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

Central East District

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Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Sources: Observation; and an interview with the Manager of Dietary Services.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that immediate action was taken to reduce transmission, isolate residents and place them in cohorts as required.

Documentation identified there was an increased number of residents who were exhibiting infectious symptoms for three days prior to the licensee contacting the Public Health Unit (PHU) to declare a suspected outbreak. The Infection Prevention and Control (IPAC) Lead confirmed that the PHU had not been immediately contacted when there had been a surge in resident illness.

Sources: Critical Incident, licensee's line listing; and an interview with the IPAC Lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

Infection prevention and control program

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
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s. 102 (11) The licensee shall ensure that there are in place,
(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The licensee failed to ensure that their outbreak management system for managing and controlling infectious disease outbreaks was complied with.

Documentation identified the long-term care home was declared, by the Public Health Unit (PHU), to be in an outbreak. Documentation identified PHU directed that residents experiencing infectious symptoms were to remain in isolation until they were symptom free for forty-eight hours. Documentation failed to identify that this directive was consistently followed by registered nursing staff.

Sources: Critical Incident, licensee's line listing, clinical health record for a resident; and an interview with the Infection Prevention and Control Lead.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (2)

Reports re critical incidents

s. 115 (2) Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry's method for after hours emergency contact. O. Reg. 246/22, s. 115 (2).

The licensee failed to ensure the Director was immediately notified of a suspected outbreak, by utilizing the Ministry's method for after hours emergency contact.

Ministry of Long-Term Care

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

Central East District

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Pursuant to O. Reg. 246/22, s. 115. (1) 5 - Every licensee of a long-term care home shall ensure that the Director is immediately informed, of an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

Documentation identified that residents were exhibiting infectious symptoms. Document identified that the Director was not immediately notified of the suspected outbreak for three days.

Sources: Critical Incident, licensee's line listing, and an interview with the IPAC Lead.

COMPLIANCE ORDER CO #001 Home to be safe, secure environment

NC #016 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

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

1- Within one week of receiving this inspection report, the DOC and or designate shall conduct an interdisciplinary care conference with frontline staff, including personal support workers (PSWs) and resident care aides (RCAs) from the day and evening shifts involved in providing care to a resident. The conference should focus on discussing falls prevention interventions for the resident and how to ensure the safety of the resident and other residents.

2-The DOC and or designate shall revise and update the care plan for the resident

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
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according to the discussions and input from frontline staff as outlined in condition #1 of this order.

3- The DOC and or designate shall conduct a weekly review for four weeks to ensure the plan of care for the resident specific to falls prevention and management is implemented as directed in the plan.

4- The DOC and or designate shall keep a record of all actions taken to comply with conditions #1, #2, and #3 of this order. These records should be available to Inspectors upon request.

Grounds

The licensee failed to ensure the home was a safe environment for two residents.

One of the residents required a specified intervention and was dependent on the staff for specified care. On a specified date and time, the lack of the specified intervention contributed to an incident that resulted in serious injury and the death of one of the residents.

Sources: Critical Incident, the residents' clinical records, Investigation notes, interviews with Personal Support Workers, and interview with an ADOC. [570]

This order must be complied with by May 31, 2025

Ministry of Long-Term Care

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REVIEW/APEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Ministry of Long-Term Care

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

Central East District

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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