



**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

## **Amended Public Copy/Copie modifiée du public de permis**

<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>
Aug 24, 2015;	2014_189120_0059 (A1)	T-564-13/T-1222-14	Critical Incident System

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

VILLA COLOMBO HOMES FOR THE AGED, INC.  
40 PLAYFAIR AVENUE TORONTO ON M6B 2P9

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

VILLA COLOMBO HOMES FOR THE AGED INC.  
40 PLAYFAIR AVENUE TORONTO ON M6B 2P9

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

BERNADETTE SUSNIK (120) - (A1)

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



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**The compliance due date for Order #004 related to s. 18 (Lighting) has been amended to March 31, 2016 from December 31, 2015.**

**Issued on this 24 day of August 2015 (A1)**

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

**Original report signed by the inspector.**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): September 16 & 17, 2014**

**Critical Incident related to resident access to a stairwell and a complaint regarding door security.**

**During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Resident Care, maintenance person and registered staff.**

**During the course of the inspection, the inspector(s) toured all areas of the home, tested door security systems throughout the Fidani and Fusco wings, main floor and basement, reviewed the licensee's critical incident report related to resident access to a stairwell, measured illumination (lighting) levels in various areas of the building and tested the resident-staff communication and response system.**

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

**Safe and Secure Home**



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

- 5 WN(s)
- 0 VPC(s)
- 5 CO(s)
- 0 DR(s)
- 0 WAO(s)

**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>Legendé</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. 9. Doors in a home**



Specifically failed to comply with the following:

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**  
**i. kept closed and locked,**  
**ii. equipped with a door access control system that is kept on at all times, and**  
**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**  
**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

#### **Findings/Faits saillants :**

1. The licensee did not ensure that stairwell doors located within the Fusco wing were connected to the resident-staff communication and response system or equipped with an audible door alarm that could be canceled at each door.



During the tour of the Fusco wing on September 16, 2014, stairwell doors were tested on floors 2-5. Each floor was equipped with 3 stairwell doors to which residents had access. These doors were all equipped with access control systems (magnetic plates and key pad) which were engaged (locked at the time of inspection). When the doors were tested, they were held open for more than two minutes and no audible alarm sounded at the door and the location of the breached door was not connected to the resident-staff communication and response system. Confirmation was made with the administrator that both the visual and audible components for the stairwell doors was disconnected a few years prior when the resident-staff communication and response system was upgraded.

1-2. The licensee did not ensure that the audio alarm connected to the stairwell doors located within the Fidani wing could be canceled only at the point of activation (at the door). When the stairwell door alarms were tested within the Fidani wing on floors 2 and 3, the audio alarm was canceled by registered staff from the nurse's station. The registered staff on both floors demonstrated how they were able to discontinue the alarm by lifting the hand set specifically dedicated to the resident-staff communication and response system.

1-3. The licensee did not ensure that various fire exit doors located on the main floor (all of which led to an unenclosed outdoor area), to which residents from both Fidani and Fusco wings had access were equipped with a door access control system that was kept on at all times (locked), was equipped with an audible door alarm that allowed calls to be canceled only at the point of activation and was connected to the resident-staff communication and response system (RSCRS). The following areas were tested;

#### Activity Room

Three fire exit doors that led directly to an unenclosed outdoor area located in the activity room were not equipped with a door access control system (locking system) and were not connected to the RSCRS. Due to some confusion over the requirements under the fire code, the magnetic locking plates were removed from these doors in the past. One out of three door alarms that were attached to the doors did not work when the doors were tested. Residents could have easily exited the building without any staff knowledge.

#### Banquet Hall Lobby



Numerous doors to the banquet hall from an interior corridor were unlocked and accessible to residents on both September 16 and 17, 2014 and residents were therefore capable of exiting through two sets of double glass fire exit doors located in the lobby of the banquet hall. These doors were not equipped with an access control system, alarms or connected to the RSCRS.

#### Front Lobby and Back Lobby exits

Both front and back lobby fire exit doors led to outdoor areas that were not secured. Both exits had two sets of sliding glass doors and both were equipped to stay closed only when a resident with a bracelet containing a sensor was near the doors. The doors slid open when a person approached the doors either from the outside or from the inside. Neither set of doors were equipped with an access control system, alarm or connected to the RSCRS. These exits were not supervised directly by any member of the staff. Numerous individuals came and went through these exits on September 16 & 17, 2014 and it was difficult to know who was a resident and who was a visitor.

#### Basement

According to the Administrator, the basement was not being used by many residents on a regular basis. Residents and their families who were given the access code to the elevator could use the resident laundry room located in the basement. A ceramic room was observed to be located in the basement that once was used regularly by residents. None of the five stairwell doors in the basement were locked and some of the stairwells led to exit doors to the outside. Discussion was held with the administrator regarding the continued use of the resident laundry facility and therefore the required door security and access to the RSCRS. [s. 9(1)]

2. The licensee did not ensure that all access doors leading into the kitchen from the main floor areas were equipped with locks to restrict unsupervised access to the area by residents. A set of doors to the kitchen located next to stairway #4 were equipped with a key pad which was not functional and was reported by staff as not being functional. The doors were therefore not locking. A door to the kitchen across from a set of banquet hall doors was not equipped with a lock. [s. 9(1)2]

#### ***Additional Required Actions:***





**CO # - 001 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. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

**Findings/Faits saillants :**

1. The licensee did not ensure that every window in the home that opened to the outdoors and was accessible to residents was restricted to an opening of 15 centimeters or less.

During a tour of the Fusco wing on September 16 and 17, 2014, numerous large sliding windows were observed to be open greater than 15 centimeters in but not limited to rooms 209, 208, second floor large and small dining rooms, 307, 308, 316, third floor large dining room, third floor television space (near nurse's station), fourth floor television space, 407, 408, 404, 401, fourth floor lounge identified as the restorative and first aid room. Other large windows were equipped with a piece of metal hardware with two screws drilled directly into the window track to prevent the window from opening more than 15 centimeters. However the windows identified above were not equipped with any restrictive hardware. [s. 16]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17.**

**Communication and response system**

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

**s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**  
**(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**

**(b) is on at all times; O. Reg. 79/10, s. 17 (1).**

**(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**

**(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**

**(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**

**(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**

**(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

### **Findings/Faits saillants :**

1. The licensee did not ensure that the resident-staff communication and response system was available in every area accessible by residents.

The main floor, where residents from both the Fusco and Fidani wings were observed to be walking around or sitting, encompassed a banquet hall, large activity room, chapel, lobby with water fountain structure, washrooms, shop, main kitchen, offices, hair salon, open area with chairs and tables and a servery, outdoor enclosed space and rooms for a day program.

The administrator was aware of the fact that activation stations connected to the resident-staff communication and response system were not available in the various spaces and had already begun the process of getting quotes to install them. Discussion was held that the areas that required an activation station were all resident accessible washrooms, chapel, activity room, hair salon, sitting areas or where residents congregate including outdoor space and balconies and the banquet hall (if used by residents). [s. 17(1)(e)]



***Additional Required Actions:***

**CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.**

**TABLE**

**Homes to which the 2009 design manual applies**

**Location - Lux**

**Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux**

**All other homes**

**Location - Lux**

**Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout**

**In all other areas of the home - Minimum levels of 215.28 lux**

**Each drug cabinet - Minimum levels of 1,076.39 lux**

**At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux**

**O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4**

**Findings/Faits saillants :**



1. The licensee did not maintain the lighting levels as set out in the lighting table.

Villa Colombo is comprised of two wings, the Fidani wing built in 2000 and the Fusco wing built in 1976. Therefore, the section of the lighting table which applies to "All other homes" was used to determine whether lighting levels were compliant.

The lighting levels in the Fusco section of the building, comprised of floors 2-5 were evaluated with a hand held illumination meter on September 16 and 17, 2014. Corridors and resident bedrooms were randomly tested. The main floor, or the lounge spaces and dining rooms on floors 2-5 were not tested as the conditions in these rooms could not be controlled. The outdoor conditions were sunny and clear and the windows in these areas did not have adequate cover to block out sunlight therefore affecting true illumination levels given off by the lighting fixtures.

Corridor lighting in corridors on floors 2-4 were equipped with ceiling flush mounted hanging dome fixtures with opaque glass covers and compact fluorescent bulbs, spaced 8 to 18 feet apart. Regardless of which floor tested, the maximum amount of illumination achieved directly under the dome lights was 170 lux when the meter was held 3 feet above the floor. The lux dropped to 20 lux between the light fixtures that were spaced 18 feet apart. A minimum requirement of 215.28 lux is required continuously down the corridor (between and under all fixtures) and the lux of 215.28 or greater must be consistent (not fluctuate dramatically).

The 5th floor corridor was equipped with fluorescent tube lighting that was flush with the ceiling tiles and spaced either 8 feet or 18 feet apart. The lux directly under one fixture was 300 and the lux between the fixtures spaced 18 feet apart was 100.

Resident rooms were all equipped with the same dome shaped lights as found in the corridors on floors 2-4. When the rooms were tested, the bedroom window curtains were drawn. The rooms were inadequately illuminated with a lux of 170 directly under the lights and very little of the light was detected as the meter was moved away from the light fixture. Over bed lights or reading lights were measured to be 265 lux (meter held 1 foot away from the wall and 2 feet above the bed) and did not achieve the minimum requirement of 376.73 lux. General room lighting levels must achieve a minimum of 215.28 lux in areas of the room where an activity of daily living occurs such as dressing, eating, crafts, personal hygiene, watching television etc. [s. 18]



***Additional Required Actions:***

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**(A1)The following order(s) have been amended:CO# 004**

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**WN #5: The Licensee has failed to comply with LTCHA, 2007, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee did not ensure that the home was a safe and secure environment for its residents.

1. The main floor of the long-term care home was equipped with three open sets of steps (each with approximately 7 steps) near the elevator lobby. Residents using the main floor in wheelchairs could accidentally roll down two sets of these steps quite easily. The third set of steps were accessible to residents but did not pose a risk to those in wheelchairs as the stairs went only in the ascending direction and towards a stairwell exit. Discussion was held with the administrator regarding the risks associated with the steps and options to reduce the risk of falls.

2. A fire exit located on the 2nd floor Fusco wing (next to an electrical closet) was blocked on both September 16 & 17, 2014 with a large wheelchair. The chair had a sign on it that stated a family member was to pick it up.

3. The safety and security of the residents was not adequately managed during the inspection. Door security issues were identified on the main floor of the long term care home, which was noted to be accessible to residents. The main floor had numerous exit and entrance doors to and from the building that were not locked or equipped with an access control system to keep the doors locked. The doors were



observed to be directly linked to outdoor areas that were not enclosed by a fence or barrier. These included the front and back lobby doors, the banquet foyer doors and doors in the large activity room. All of these doors were open to the general public from the outside and the majority of residents from within the home. Residents who were assessed with wandering behaviours were given a bracelet to wear that prohibited the front and back lobby doors from opening when they were in the vicinity of the doors.

During the inspection, a receptionist area or desk was located near the front lobby doors only and a receptionist was present. The receptionist stated that the front lobby doors were not locked because there was someone present 24 hours per day and 7 days per week. It was observed however, that the receptionist did not remain at the desk during the inspection. They were often seen leaving the desk and lobby area to complete other tasks. The Administrator reported that the locking of the front and back doors began in July 2014 and that the front doors are locked at 2100 and the back doors at 2300 hours.

A family member reported to the Ministry of Health and Long Term Care that they entered the home via the back main floor doors on or slightly after 2300 hours on 3 separate occasions at the end of July 2014. The family member reported that a security guard was posted only at the front doors and due to the configuration of the building, did not see them enter the back door area.

4. Several registered staff were interviewed during the inspection regarding resident elopements. According to the staff members, they were not aware of any elopements in 2014, but that elopements did occur in 2013. Discussions were held regarding their process to determine how they monitored residents to ensure that they did not leave unsupervised or without staff knowledge. The staff members described that a book was available at each nurse's station for residents or their family to sign if they were leaving the home. However, it was not clear if the process included signing the book if residents were leaving their floor or the building. Residents were observed leaving the various floors of both Fusco and Fidani buildings via the elevator during the course of the inspection. Although the elevator was partially secured, it was equipped with a key pad in which to call the elevator to the floor, many of the residents knew the code and used the elevators regularly to access the main floor.

According to a family member who was interviewed post inspection, reported that when they were visiting the home in July 2014, staff were frantically searching for a resident who was taken from the home by a family member who did not sign them out



or inform staff that they were leaving the building.

5. In 2013, a resident gained access to a stairwell from one of the home area floors. A fire alarm company was conducting some tests in the home and had made an announcement that the magnetic locking mechanisms on the fire exit doors would be disengaged for 10 minutes. The protocol for staff at that time, according to a registered staff member was to assign a staff member to each one of the 3 stairwell exit doors on the floor. A worker was given a directive to monitor one of the doors. Instead, the worker stepped away from the door to continue performing other tasks. As the door was not locked, the resident opened the door and went down the stairs. The resident was found shortly after wards lying on their side at the bottom of the steps with a minor injury and sent to hospital for assessment. The worker was subsequently disciplined. [s. 5]

***Additional Required Actions:***

**CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".**



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**Issued on this 24 day of August 2015 (A1)**

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

**Original report signed by the inspector.**





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**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

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

**Nom de l'inspecteur (No) :** BERNADETTE SUSNIK (120) - (A1)

**Inspection No. /**

**No de l'inspection :** 2014\_189120\_0059 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** T-564-13/T-1222-14 (A1)

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Aug 24, 2015;(A1)

**Licensee /**

**Titulaire de permis :** VILLA COLOMBO HOMES FOR THE AGED, INC.  
40 PLAYFAIR AVENUE, TORONTO, ON, M6B-2P9

**LTC Home /**

**Foyer de SLD :** VILLA COLOMBO HOMES FOR THE AGED INC.  
40 PLAYFAIR AVENUE, TORONTO, ON, M6B-2P9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Tracey Comeau



**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.  
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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

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To VILLA COLOMBO HOMES FOR THE AGED, INC., you are hereby required to  
comply with the following order(s) by the date(s) set out below:

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<b>Order # / Ordre no :</b> 001	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure  
that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors  
leading to secure outside areas that preclude exit by a resident, including  
balconies and terraces, or doors that residents do not have access to must be,  
i. kept closed and locked,  
ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only  
at the point of activation and,

A. is connected to the resident-staff communication and response system,  
or

B. is connected to an audio visual enunciator that is connected to the  
nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident,  
including balconies and terraces, must be equipped with locks to restrict  
unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to  
restrict unsupervised access to those areas by residents, and those doors must  
be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be  
designed and maintained so they can be readily released from the outside in an  
emergency.

4. All alarms for doors leading to the outside must be connected to a back-up  
power supply, unless the home is not served by a generator, in which case the  
staff of the home shall monitor the doors leading to the outside in accordance  
with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9;  
O. Reg. 363/11, s. 1 (1, 2).



**Order(s) of the Inspector**

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

Aux termes de l'article 153 et/ou de  
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**Order / Ordre :**

1. The licensee shall prepare and submit a plan that includes when the stairwell doors located in the Fusco wing (floors 2-5) will be connected to the resident-staff communication and response system. The stairwell doors shall have the following capabilities;

- a) have an alarm at the door that will alarm when held open longer than the time it takes for an average person to use the exit.
- b) the alarm is audible to staff working on the floor
- c) the location of the stairwell door, when alarming, shall be displayed on the current visual display board (audio visual enunciator).
- d) the alarm shall be canceled only at the point of activation (at the door).
- e) the locking mechanism shall remain on (engaged) at all times (unless monitored directly by staff)
- f) the access control system (key pad) is programmed so that access to the stairwell doors is strictly controlled by personnel.

2. The licensee shall prepare and submit a plan that includes when the hand set located at the nurse's stations on floors 1-5 on the Fidani wing will be reprogrammed so that it cannot be used to cancel alarms sounding at any stairwell door.

3. The licensee shall prepare and submit a plan that includes when all exit doors (which lead to unsecured outdoor areas) on the main floor will be equipped with a door access control system that is kept on at all times and therefore kept locked and when the doors will be connected to the resident-staff communication and response system.

4. The licensee shall prepare and submit a plan that includes when all of the stairwell doors in the basement will be equipped with door access control systems if it is their intention to continue to allow residents down into the basement. If the plan is to prohibit access to residents, the plan shall include how all of the elevators will be equipped or managed to restrict resident access to the basement.

5. The licensee shall prepare and submit a plan that includes when the locking mechanism on the kitchen entrance door located near stairwell #4



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will be repaired and when a lock on the door leading into the kitchen area (across from banquet hall doors) will be installed.

The plan shall be submitted to the Inspector by email to Bernadette.susnik@ontario.ca by November 28, 2014.

The plan shall be fully implemented by March 31, 2015. Should an extension be required for either the plan or implementation date, please contact the Inspector prior to the specified dates.

**Grounds / Motifs :**

1. The licensee did not ensure that stairwell doors located within the Fusco wing were connected to the resident-staff communication and response system or equipped with an audible door alarm that could be canceled at each door.

During the tour of the Fusco wing on September 16, 2014, stairwell doors were tested on floors 2-5. Each floor was equipped with 3 stairwell doors to which residents had access. These doors were all equipped with access control systems (magnetic plates and key pad) which were engaged (locked at the time of inspection). When the doors were tested, they were held open for more than two minutes and no audible alarm sounded at the door and the location of the breached door was not connected to the resident-staff communication and response system. Confirmation was made with the administrator that both the visual and audible components for the stairwell doors was disconnected a few years prior when the resident-staff communication and response system was upgraded.

1-2. The licensee did not ensure that the audio alarm connected to the stairwell doors located within the Fidani wing could be canceled only at the point of activation (at the door). When the stairwell door alarms were tested within the Fidani wing on floors 2 and 3, the audio alarm was canceled by registered staff from the nurse's station. The registered staff on both floors demonstrated how they were able to discontinue the alarm by lifting the hand set specifically dedicated to the resident-staff communication and response system.

1-3. The licensee did not ensure that various fire exit doors located on the main floor (all of which led to an unenclosed outdoor area), to which residents from both Fidani and Fusco wings had access were equipped with a door access control system that



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was kept on at all times (locked), was equipped with an audible door alarm that allowed calls to be canceled only at the point of activation and was connected to the resident-staff communication and response system (RSCRS). The following areas were tested;

**Activity Room**

Three fire exit doors that led directly to an unenclosed outdoor area located in the activity room were not equipped with a door access control system (locking system) and were not connected to the RSCRS. Due to some confusion over the requirements under the fire code, the magnetic locking plates were removed from these doors in the past. One out of three door alarms that were attached to the doors did not work when the doors were tested. Residents could have easily exited the building without any staff knowledge.

**Banquet Hall Lobby**

Numerous doors to the banquet hall from an interior corridor were unlocked and accessible to residents on both September 16 and 17, 2014 and residents were therefore capable of exiting through two sets of double glass fire exit doors located in the lobby of the banquet hall. These doors were not equipped with an access control system, alarms or connected to the RSCRS.

**Front Lobby and Back Lobby exits**

Both front and back lobby fire exit doors led to outdoor areas that were not secured. Both exits had two sets of sliding glass doors and both were equipped to stay closed only when a resident with a bracelet containing a sensor was near the doors. The doors slid open when a person approached the doors either from the outside or from the inside. Neither set of doors were equipped with an access control system, alarm or connected to the RSCRS. These exits were not supervised directly by any member of the staff. Numerous individuals came and went through these exits on September 16 & 17, 2014 and it was difficult to know who was a resident and who was a visitor.

**Basement**

According to the Administrator, the basement was not being used by many residents



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on a regular basis. Residents and their families who were given the access code to the elevator could use the resident laundry room located in the basement. A ceramic room was observed to be located in the basement that once was used regularly by residents. None of the five stairwell doors in the basement were locked and some of the stairwells led to exit doors to the outside. Discussion was held with the administrator regarding the continued use of the resident laundry facility and therefore the required door security and access to the RSCRS. (120)

2. The licensee did not ensure that all access doors leading into the kitchen from the main floor areas were equipped with locks to restrict unsupervised access to the area by residents. A set doors to the kitchen located next to stairway #4 were equipped with a key pad which was not functional and was reported by staff as not being functional. The doors were therefore not locking. A door to the kitchen across from a set of banquet hall doors was not equipped with a lock. (120)

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

Mar 31, 2015

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**Order # /**                      **Order Type /**  
**Ordre no : 002**              **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**



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O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

**Order / Ordre :**

The licensee shall complete an audit of all windows within the Fusco wing and secure all windows to an opening of 15 centimeters or less.

**Grounds / Motifs :**

1. The licensee did not ensure that every window in the home that opened to the outdoors and was accessible to residents was restricted to an opening of 15 centimeters or less.

During a tour of the Fusco wing on September 16 and 17, 2014, numerous large sliding windows were observed to be open greater than 15 centimeters in but not limited to rooms 209, 208, second floor large and small dining rooms, 307, 308, 316, third floor large dining room, third floor television space (near nurse's station), fourth floor television space, 407, 408, 404, 401, fourth floor lounge identified as the restorative and first aid room. Other large windows were equipped with a piece of metal hardware with two screws drilled directly into the window track to prevent the window from opening more than 15 centimeters. However the windows identified above were not equipped with any restrictive hardware. (120)

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

Oct 31, 2014



**Ministry of Health and  
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**Ministère de la Santé et des  
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**Order(s) of the Inspector**

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**Order # /**

**Ordre no :** 003

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

**Order / Ordre :**

The licensee shall prepare and submit a plan summarizing how and when the areas identified as requiring an activation station will be so equipped.

The plan shall be submitted by email to [Bernadette.susnik@ontario.ca](mailto:Bernadette.susnik@ontario.ca) by November 28, 2014. The plan shall be fully implemented by March 31, 2015.

Should an extension be required for either the plan or implementation date, please contact the Inspector prior to the specified dates.





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**Grounds / Motifs :**

1. The licensee did not ensure that the resident-staff communication and response system was available in every area accessible by residents.

The main floor, where residents from both the Fusco and Fidani wings were observed to be walking around or sitting, encompassed a banquet hall, large activity room, chapel, lobby with water fountain structure, washrooms, shop, main kitchen, offices, hair salon, open area with chairs and tables and a servery, outdoor enclosed space and rooms for a day program.

The administrator was aware of the fact that activation stations connected to the resident-staff communication and response system were not available in the various spaces and had already begun the process of getting quotes to install them. Discussion was held that the spaces that required an activation station were all resident accessible washrooms, chapel, activity room, hair salon, sitting areas or where residents congregate including outdoor space and balconies and the banquet hall (if used by residents). (120)

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

Mar 31, 2015

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**Order # /**                      **Order Type /**  
**Ordre no :** 004              **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**



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O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

**TABLE**

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

**Order / Ordre :**

(A1)

The licensee shall prepare and submit a plan that summarizes when the home was or will be further assessed for illumination levels and how the licensee intends to ensure that the lighting levels in the Table are maintained.

The plan shall be submitted to Bernadette.Susnik@ontario.ca by November 28, 2014. The plan shall be fully implemented by March 31, 2016. Should an extension be required for either the plan or implementation date, please contact the Inspector prior to the specified dates.

**Grounds / Motifs :**



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1. The licensee did not maintain the lighting levels as set out in the lighting table.

Villa Colombo is comprised of two wings, the Fidani wing built in 2000 and the Fusco wing built in 1976. Therefore, the section of the lighting table which applies to "All other homes" was used to determine whether lighting levels were compliant.

The lighting levels in the Fusco section of the building, comprised of floors 2-5 were evaluated with a hand held illumination meter on September 16 and 17, 2014. Corridors and resident bedrooms were randomly tested. The main floor, or the lounge spaces and dining rooms on floors 2-5 were not tested as the conditions in these rooms could not be controlled. The outdoor conditions were sunny and clear and the windows in these areas did not have adequate cover to block out sunlight therefore affecting true illumination levels given off by the lighting fixtures.

Corridor lighting in corridors on floors 2-4 were equipped with ceiling flush mounted hanging dome fixtures with opaque glass covers and compact fluorescent bulbs, spaced 8 to 18 feet apart. Regardless of which floor tested, the maximum amount of illumination achieved directly under the dome lights was 170 lux when the meter was held 3 feet above the floor. The lux dropped to 20 lux between the light fixtures that were spaced 18 feet apart. A minimum requirement of 215.28 lux is required continuously down the corridor (between and under all fixtures) and the lux of 215.28 or greater must be consistent (not fluctuate dramatically).

The 5th floor corridor was equipped with fluorescent tube lighting that was flush with the ceiling tiles and spaced either 8 feet or 18 feet apart. The lux directly under one fixture was 300 and the lux between the fixtures spaced 18 feet apart was 100.

Resident rooms were all equipped with the same dome shaped lights as found in the corridors on floors 2-4. When the rooms were tested, the bedroom window curtains were drawn. The rooms were inadequately illuminated with a lux of 170 directly under the lights and very little of the light was detected as the meter was moved away from the light fixture. Over bed lights or reading lights were measured to be 265 lux (meter held 1 foot away from the wall and 2 feet above the bed) and did not achieve the minimum requirement of 376.73 lux. General room lighting levels must achieve a minimum of 215.28 lux in areas of the room where an activity of daily living occurs such as dressing, eating, crafts, personal hygiene, watching television etc.  
(120)



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

Mar 31, 2016(A1)

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<b>Order # / Ordre no :</b> 005	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

LTCHA, 2007, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

**Order / Ordre :**



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
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The licensee shall prepare and submit a plan that describes how the resident's environment will be made safe and secure. Specifically, the plan shall include;

1. Immediate steps that can be taken with respect to door security in the identified areas of the home to prevent the elopement of residents and unauthorized access to the building during and after building hours to ensure the overall safety of residents, and
2. How resident long and short term absences will be monitored to ensure that the whereabouts of residents are known to staff.

The plan shall be submitted by October 31, 2014. Should an extension be required for either the plan or implementation date, please contact the Inspector prior to the specified dates.

**Grounds / Motifs :**

1. The licensee did not ensure that the home was a safe and secure environment for its residents.

The safety and security of the residents was not adequately managed during the inspection. Door security issues were identified on the main floor of the long term care home, which was noted to be accessible to residents. The main floor had numerous exit and entrance doors to and from the building that were not locked or equipped with an access control system to keep the doors locked. The doors were observed to be directly linked to outdoor areas that were not enclosed by a fence or barrier. These included the front and back lobby doors, the banquet foyer doors and doors in the large activity room. All of these doors were open to the general public from the outside and the majority of residents from within the home. Residents who were assessed with wandering behaviours were given a bracelet to wear that prohibited the front and back lobby doors from opening when they were in the vicinity of the doors.

During the inspection, a receptionist area or desk was located near the front lobby doors only and a receptionist was present. The receptionist stated that the front lobby doors were not locked because there was someone present 24 hours per day and 7 days per week. It was observed that the receptionist did not remain at the desk



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during the inspection. They were often seen leaving the desk and lobby area to complete other tasks. The Administrator reported that the locking of the front and back doors began in July 2014 and that the front doors are locked at 2100 and the back doors at 2300 hours.

A family member reported to the Ministry of Health and Long Term Care that they entered the home via the back main floor doors on or slightly after 2300 hours on 3 separate occasions at the end of July 2014. The family member reported that a security guard was posted only at the front doors and due to the configuration of the building, did not see them enter the back door area.

Several registered staff and a family member were interviewed during the inspection regarding resident elopements. According to the staff members, they were not aware of any elopements in 2014, but that elopements did occur in 2013. Discussions were held regarding their process to determine how they monitored residents to ensure that they did not leave unsupervised or without staff knowledge. The staff members described that a book was available at each nurse's station for residents or their family to sign if they were leaving the home. However, it was not clear if the process included signing the book if residents were leaving their floor or the building. Residents were observed leaving the various floors of both Fusco and Fidani buildings via the elevator during the course of the inspection. Although the elevator was partially secured, it was equipped with a key pad in which to call the elevator to the floor, many of the residents knew the code and used the elevators regularly to access the main floor.

According to a family member who was interviewed post inspection, reported that when they were visiting the home in July 2014, staff were frantically searching for a resident who was taken from the home by a family member who did not sign them out or inform staff that they were leaving the building. (120)

**This order must be complied with by /  
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Oct 31, 2014



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**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





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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

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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, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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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 24 day of August 2015 (A1)**

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

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

BERNADETTE SUSNIK

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

Toronto