



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 sous la Loi de 2007 sur 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

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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 18, 2013	2013_189120_0057	H-000239- 13/H-000430 -13/H-000239-13 BJ	Complaint

Licensee/Titulaire de permis

1508669 ONTARIO LIMITED
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1

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

WEST PARK HEALTH CENTRE
103 Pelham Road, St Catharines, ON, L2S-1S9

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 22, 23, 2013

During the course of this complaint inspection related to laundry and housekeeping services, other areas of non-compliance were also observed. See details below.

During the course of the inspection, the inspector(s) spoke with the administrator, director of care, food services supervisor, environmental services supervisor, registered staff and non-registered staff

During the course of the inspection, the inspector(s) toured the building (common areas and resident rooms, washrooms), took light measurements, observed resident beds, evaluated general sanitation and linen supplies and reviewed the home's policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. 15. Bed rails Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :



Steps have not been taken to prevent resident entrapment where bed rails are used, taking into consideration all potential zones of entrapment.

The environmental services supervisor was able to recall that the home's beds were audited for entrapment zones approximately 2 years ago, but was not able to provide the results of that audit. The supervisor recalled that beds did fail one or more entrapment zones and that the home had purchased 18 new beds since December 2012.

Beds were observed with entrapment zones (large gaps between the mattress and the bed rail) on many beds (i.e. 223, 222, 216, 217) where the rail was found in the raised position and the resident in bed. Many of the beds were also missing mattress keepers (one on each corner to keep mattress in place). A mattress without mattress keepers in #216 was tested and it slid easily from side to side when the rail was down.

The Director of Care was not aware of the entrapment zone issues and had not assessed any of the residents using the templates and policies provided by their management company Extendicare.

[s.15(1)(b)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building; including both interior and exterior areas, and its operational systems are maintained in good repair; and O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :



The homes interior and exterior areas have not been maintained in good repair.

1. The flooring material in the 1st floor dining room and in resident rooms on the second floor (i.e. 208, 209, 211) are cracked. There are also divots or depressions in the floor in the dining room. A split was observed in the flooring material on the 1st floor, in the corridor near the nurse's station. The flooring material had been replaced, but the material continues to split due to the irregular flooring material underneath. Non-compliance was identified during a previous inspection conducted on November 12, 2012 and the home was required to ensure that a voluntary plan of action to address the flooring condition was instituted. When plans were requested, no specific information could be provided (contractor, dates for repair etc).
2. The window levers which ensures that windows remain locked and sealed when closed were noted to be broken or missing on numerous windows, especially in the 2nd floor lounge, 1st floor dining room, computer room and some resident rooms. The homes policy (#1402) regarding window condition requires that an audit be conducted annually for window condition and hardware. An audit had not been conducted as the policy was introduced less than a year ago. Staff had not reported the hardware issues to maintenance.
3. The lever style door handles for common washrooms #28, 26, 25 and 10 are not in good condition. The handles were tested and noted to be stiff, the striker unable to engage into the striker plate and the lever not returning to it's regular position when released.
4. The sloped wood ramp located outside of the 1st floor lounge which leads into the enclosed courtyard is not in good condition. The wooden ramp has raised edges and is rotting and splintering. Residents are required to be escorted over the ramp and over the door transition as residents are unable to manage the angle, short length and uneven surface.
5. Exhaust units in #209, 212 and 218 were previously identified as noisy or causing excessive vibrations on November 12, 2012. These units were identified as excessively noisy on August 22, 2013. The unit in #209 caused the walls in the bathroom to vibrate. Exhaust units are not in good condition when they are excessively noisy and units that cause vibrations are either not sized appropriately, not working properly or not seated correctly in the fan's metal housing located in the



ceiling space.
[s.90(1)(a)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10; s. 19. Generators Specifically failed to comply with the following:

s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Findings/Faits saillants :

The home did not have guaranteed access to a generator that was operational within 3 hours of a power outage that had a capacity to maintain the above noted systems under sections 19(1)(a),(b) and (c).

On June 28, 2013, the transformer outside of the home failed and the power supply to the home was interrupted for 6 hours, between 4:30 a.m. and 10:30 a.m. The home did not have a power transfer switch in which to connect a generator capable of supplying power for all of the above noted systems. The home had a gas powered portable generator available to operate several refrigerators and electrical outlets and lights, however the door security system, resident-staff communication and response system and the fire safety system, which are reliant on electricity were not functional. The noon time meal preparation had to be slightly altered. The home's sole elevator was not functional and many residents in the home are not able to use the stairs. No alternatives for transporting residents up and down stairs was available. [s. 19. (4)]

Additional Required Actions:

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



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.

Findings/Faits saillants :



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The lighting levels in the home were not maintained as set out in the lighting table.

Dark areas in corridors on both 1st and 2nd floors were noted during a tour on August 23, 2013. When measured with a light meter, held at waist height, the lux levels were zero between light fixtures in several areas on both the 1st and 2nd floors. The required level is a continuous 215.28 lux. The specific sections measured was between the light fixtures by the nurse's station and the first light fixture in the corridor (with the fire doors) leading to the resident rooms.

Other dark areas observed included the main lobby, where pot lights poorly illuminated the area. The lux level was measured to be 100. The required level is 215.28 lux. The corridor in front of the Director of Care's office was zero lux, with approximately 14 feet between lighting fixtures. Resident rooms were noted to have a ceiling light, but the level of illumination was difficult to measure due to the sunny conditions outdoors and the inability of the window curtains to block out light. The illumination levels would need to be taken at night, when the lighting fixtures would be in use. Based on the measurements acquired at the time of the visit, lux levels directly under the fixtures were adequate, however they decreased dramatically once the meter was moved away more than 5 feet. The requirement for general room lighting is 215.28 lux. [s. 18]

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 lighting requirements set out in the Table are maintained, to be implemented voluntarily.

**WN #5: 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,**
- (a) cleaning of the home, including,**
 - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**
-

Findings/Faits saillants :

1. Procedures that have been developed for floor care in the home have not been implemented.

Flooring material located in resident rooms on the 2nd floor (i.e 222, 220, 218, 213) was observed to be discoloured, with obvious signs of wax disintegration and wear patterns and ground in dirt causing the floor to turn black. Flooring tiles located in some of the common washrooms (i.e. 25) were deeply stained and housekeeping staff reported that the stain is permanent. Non-compliance related to floor care was previously issued for an inspection conducted on November 12, 2012. At that time, a voluntary plan of action was to be instituted. A floor care schedule was requested for review but none could be provided. According to the environmental services supervisor, a schedule has not been developed to address the issues on the second floor. The floors on first floor have all been stripped and re-waxed but the floor care program ceased once the home's funding was decreased.

2. Procedures were not developed to maintain the juice machine in the kitchen clean and sanitary. The juice machine dispensing spouts and the interior door gaskets were observed to be very mouldy on August 23, 2013. A schedule was posted in the kitchen requiring a designated staff member to clean the machine daily. Based on the amount of mould on the unit, thorough daily cleaning had not occurred. No specific procedures had been developed for staff to follow identifying exactly what components need to be cleaned and if they need dismantling. The food services supervisor stated that the supplier of the juice machine is responsible for dismantling and deep cleaning the machine monthly. Staff had not dismantled the components and had only used a cloth to wipe the surfaces which are not all smooth. [s. 87. (2) (a)]



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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 procedures are developed and implemented for the cleaning of the floors and beverage dispensing equipment, to be implemented voluntarily.

Issued on this 18th day of September, 2013

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

B. Sosnik



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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

Health 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

Public Copy/Copie du public

Name of Inspector (ID #) /

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

Inspection No. /

No de l'inspection : 2013_189120_0057

Log No. /

Registre no: H-000239-13/H-000430-13 / H-000325-13 B1

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Sep 18, 2013

Licensee /

Titulaire de permis : 1508669 ONTARIO LIMITED
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield
Place, Suite 1400, TORONTO, ON, M5J-2V1

LTC Home /

Foyer de SLD : WEST PARK HEALTH CENTRE
103 Pelham Road, St Catharines, ON, L2S-1S9

Name of Administrator /

Nom de l'administratrice
ou de l'administrateur : MARJORIE MOSSMAN

To 1508669 ONTARIO LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee shall:

1. Have a bed entrapment audit conducted to determine the current status of all beds in the home by September 30, 2013.

2. Provide the inspector with a summary of the results of the bed audit.

3. Once the status of the bed audit is known, conduct a bed rail and safety assessment of residents who use beds where one or more entrapment zones have been identified.

4. Provide the inspector with a summary of the number of residents who require interventions to minimize entrapment risk and what those interventions will be and how they will be monitored.

The documentation shall be emailed to Bernadette.Susnik@ontario.ca or faxed to 905-546-8255 by October 15, 2013. The Order shall be complied with by November 30, 2013.

Grounds / Motifs :



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Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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1. Steps have not been taken to prevent resident entrapment where bed rails are used, taking into consideration all potential zones of entrapment.

The environmental services supervisor was able to recall that the home's beds were audited for entrapment zones approximately 2 years ago, but was not able to provide the results of that audit. The supervisor recalled that beds did fail one or more entrapment zones and that the home had purchased 18 new beds since December 2012.

Beds were observed with entrapment zones (large gaps between the mattress and the bed rail) on many beds (i.e. 223, 222, 216, 217) where the rail was found in the raised position and the resident in bed. Many of the beds were also missing mattress keepers (one on each corner to keep mattress in place). A mattress without mattress keepers in #216 was tested and it slid easily from side to side when the rail was down.

The Director of Care was not aware of the entrapment zone issues and had not assessed any of the residents using the templates and policies provided by their management company Extendicare. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2013



Ministry of Health and
Long-Term Care

Ministère de la Santé et
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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

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

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :

The Licensee shall prepare, submit and implement a plan that summarizes the following:

1. The results of a flooring audit which identifies which rooms or areas were identified to have flooring material in poor condition (cracked, lifting, split, depressed) or permanently stained.

2. When the flooring material identified in the audit will be addressed and by whom.

The plan is to be submitted by email to Bernadette.susnik@ontario.ca by September 30, 2013. The Order shall be complied with by March 31, 2014.

Grounds / Motifs :



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Order(s) of the Inspector
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section 154 of the *Long-Term Care
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**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

1. The homes interior and exterior areas have not been maintained in good repair.

1. The flooring material in the 1st floor dining room and in resident rooms on the second floor (i.e. 208, 209, 211) are cracked. There are also divots or depressions in the floor in the dining room. A split was observed in the flooring material on the 1st floor, in the corridor near the nurse's station. The flooring material had been replaced, but the material continues to split due to the irregular flooring material underneath. Non-compliance was identified during a previous inspection conducted on November 12, 2012 and the home was required to ensure that a voluntary plan of action to address the flooring condition was instituted. When plans were requested, no specific information could be provided (contractor, dates for repair etc).

(120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2014



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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

Order # / Ordre no : 003	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 19. (4) The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Order / Ordre :

The licensee shall prepare, submit and implement a plan that summarizes the following:

1. A copy of an agreement or letter that identifies who will supply a generator to the home that can be operational within 3 hours of a power outage and can maintain everything required under clauses 1(a),(b) and (c) of section 19(1) under O. Regulation 79/10.
2. How the acquired generator will be connected to the building to supply the necessary services.

The documentation shall be emailed to Bernadette.Susnik@ontario.ca or faxed to 905-546-8255 by October 15, 2013. The Order shall be complied with by April 15, 2014.

Grounds / Motifs :



**Ministry of Health and
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**Ministère de la Santé et
des Soins de longue durée**

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

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

1. The home did not have guaranteed access to a generator that was operational within 3 hours of a power outage that had a capacity to maintain the above noted systems under sections 19(1)(a),(b) and (c).

On June 28, 2013, the transformer outside of the home failed and the power supply to the home was interrupted for 6 hours, between 4:30 a.m. and 10:30 a.m. The home did not have a power transfer switch in which to connect a generator capable of supplying power for all of the above noted systems. The home had a gas powered portable generator available to operate several refrigerators and electrical outlets and lights, however the door security system, resident-staff communication and response system and the fire safety system, which are reliant on electricity were not functional. The noon time meal preparation had to be slightly altered. The home's sole elevator was not functional and many residents in the home are not able to use the stairs. No alternatives for transporting residents up and down stairs was available. (120)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 15, 2014



Ministry of Health and
Long-Term Care

Ministère de la Santé et
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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

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

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



**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

**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

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

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

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.



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

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

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^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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.



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

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
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Ontario, ON
M5S-2B1
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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.

Issued on this 18th day of September, 2013

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur :

BERNADETTE SUSNIK

Service Area Office /

Bureau régional de services : Hamilton Service Area Office