



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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 7, 2018	2018_589641_0012	003066-18	Complaint

---

**Licensee/Titulaire de permis**

Crown Ridge Health Care Services Inc.  
106 Crown Street TRENTON ON K8V 6R3

---

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

Westgate Lodge Nursing Home  
37 Wilkie Street BELLEVILLE ON K8P 4E4

---

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

CATHI KERR (641)

---

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

---



**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**

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

**This inspection was conducted on the following date(s): March 26, 27, 28 and 29, 2018**

**This inspection was conducted in reference to complaint log #003066-18 related to insufficient staffing and resident care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing, the Assistant Director of Nursing, Registered Nurses, Registered Practical Nurses and Personal Support Workers.**

**During the course of the inspection, the Inspector reviewed resident health care records, the home's staffing schedules for the nursing department, the licensee's policies related to staffing, the staffing backup plan and skin and wound.**

**The following Inspection Protocols were used during this inspection:  
Skin and Wound Care  
Sufficient Staffing**

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

**3 WN(s)**

**2 VPC(s)**

**1 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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that at least one registered nurse who was both an



employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

In accordance with s.8(3) of the LTCHA, the licensee was required to ensure that there was at least one registered nurse on duty and present in the home at all times, except in the case of an emergency. The Long-term Care Home is an 88 bed home divided into three home areas. According to section 45 of Regulation 79/10, for homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds, in the case of an emergency where the back-up plan referred to in clause 31(3)(d) of this Regulation fails to ensure that the requirement under subsection 8(3) of the Act is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if, the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home.

An "emergency" means an unforeseen situation of a serious nature that prevents a registered nurse from getting to the long-term care home O.Reg.79/10,s.45(2). The Admin acknowledged that none of the 18 shifts met the definition as required.

Inspector #641 reviewed the licensee's registered nurse (RN) staffing schedule from January 1, 2018 to March 25, 2018. There were 18 days where there wasn't a registered nurse on the premises who was an employee of the licensee and a member of the regular nursing staff of the licensee, for the entire 24 hours.

During an interview with the Inspector on March 27, 2018, the Administrator (Admin) indicated they were aware that there were some shifts that were not filled with a registered nurse (RN) and therefore, there was no RN in the building during those times. The Administrator indicated that none of the absences noted were as a result of an unforeseen situation of a serious nature that prevented a scheduled RN from getting to the Long-Term Care (LTC) home. The Admin specified that during some of the day shifts, either the Admin or the Director of Nursing (DON) who were both RNs, would act as the RN for the home. The Admin indicated that as per the legislation for a home with the bed capacity of more than 64 but fewer than 97 beds, the requirement was for the Administrator to be in the home for 24 hours per week. Since the Admin worked in the



home five days per week, they could cover the RN shifts for 2 days per week when needed.

During an interview with the Inspector on March 29, 2018, the DON acknowledged that none of the shifts that an RN was absent from the LTC home was due to an emergency situation. The DON indicated that on some of the days that the RN position on a day shift hadn't been filled, the DON could be considered the RN on the premises and the Administrator would then be considered the DON that day. During seven shifts, either the Admin or DON were working in the capacity of the registered nurse for the licensee.

The decision to issue a compliance order was based on the scope and severity of this non-compliance. The severity was determined to be a level 2 since the absence of a Registered Nurse potentially poses a risk to resident safety and affects every resident living in the home. The scope was a level 2 as there were a total of 18 days during the three month period reviewed that an RN was not on duty for at least part of the 24 hour period. The home had a level 2 compliance history as there were no related non-compliance during the prior 36 month period.

The licensee failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times. [s. 8. (3)]

***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. 8. Policies, etc., to be followed, and records**



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

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

**Findings/Faits saillants :**

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

O.Reg 79/10 s.50(2)(b)(iv) The skin and wound care program must, at a minimum, provide for the following: a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

The licensee's Skin Care and Wound Management Program policy #NPPM 13.1, last revised April 2017, states "each resident will have their skin care and wound management needs assessed on admission and quarterly. Residents with pressure ulcer wounds will be assessed during each dressing change and weekly documentation will be completed." The Director of Nursing (DON) and Administrator (Admin) clarified that this policy also included stasis ulcers and any open wounds stage two or greater.

Inspector #641 reviewed wound and skin care documentation for residents who currently had open wounds. Four residents were identified with not having documentation done at least weekly as specified in the licensee's policy.

Resident #001 had a wound that on a specified date, was documented to be a specific size. The next documentation of this wound was 12 days later. During that time frame the TAR was signed that a dressing change was done five times with no assessments documented on those specified dates.

Resident #002 had a wound. There was documentation on the wound assessment record on a specified date and the next documentation of the wound assessment was a



month later. Eight days later, there was a wound assessment sheet documenting the wound. During that eight day period, the TAR was signed each shift that the treatment was done. There was no documentation of resident #002's wound during this eight day period.

Resident #003 had multiple open wounds in a specified area. There was documentation of the wound on the wound assessment record on a specified date. The next wound assessment was ten days later. During the specified time frame, the TAR was signed on six evenings indicating that a dressing change had been done. There was no documentation of resident #003's wounds during this ten day period.

Resident #004 had multiple open wounds in a specified area. There was documentation on the wound assessment record on a specified date. The next documentation of the wounds was one month later. The TAR was signed for dressing changes for the wounds on four specific dates during that time frame. During another specified eight day period there was no documentation of a wound assessment and the TAR indicated that the treatment was completed on 3 specified dates during those eight days.

During an interview with the Inspector on March 29, 2018, the Director of Nursing (DON) indicated that when a resident had a wound, the expectation of the home was that the registered nursing staff would sign that the treatment for the wound was done in the treatment assessment record (TAR) each time that the dressing was changed. Then at least once per week, the registered nursing staff would document the specifics of the wound. The DON indicated that generally, this documentation would be done on the wound assessment tick sheet, but it may also be done in a progress note if the nurse wanted to be more specific about the wound. The Inspector reviewed with the DON the four residents who had wounds that had no documentation related to their wounds for more than seven days.

The licensee had failed to ensure that resident #001, 002, 003 and 004 had documentation of their wounds at least weekly as outlined in their policy. [s. 8. (1) (a), s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the licensee's policy Skin Care and Wound Management Program policy #NPPM13.1 and ensure that a resident with altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff and documented, to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

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

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work.





During an interview with the Inspector on March 27, 2018, the Administrator (Admin) indicated that the staffing plan for the registered nursing staff in the home was that there was to be one registered nurse (RN) on duty in the home during each shift, two registered practical nurses (RPN) on both the day shift and evening shift and one RPN on during the night shift. For the Personal Support Workers (PSW), there were to be eleven PSW's on the day shift, ten PSW's on evening shift and four PSW's on the night shift.

The Admin indicated that when a nursing or personal care worker's shift wasn't filled or the staff member could not make their shift, the protocol for the home was that eligible staff for each position would be called and offered the shift. If the position could not be filled, then the workload would be divided between the remaining staff to complete. The Administrator indicated that they do not use any outside agency staff to complement their staffing when they were short staffed.

The licensee's policy HR2.31, Allocation of Staff When Working Less Than Full Complement, last revised April 2014 and last approved dated 2016, stated:

**Working less than full complement of Registered Practical Nursing Staff**

1. The Registered staff member on the Dundas Wing will attempt to replace the shift.
2. In the event that the shift is not able to be replaced the building will be divided into two units.

**Working less than full complement of Registered Nursing staff**

1. The Registered staff member on the Dundas Wing will attempt to replace the shift with a RN.
2. If unable to replace with a RN then will attempt replacement with a RPN.
3. In the event that the shift is not able to be replaced with a RN or a RPN the building will be split between the two registered staff.

**Working without a Registered Nurse on site**

1. The DON will be notified of the absence of a RN in the building and will direct the Registered Practical Nursing staff who will act in the role of RN on Call.
2. The RN on Call will remain available by phone to support the RPN staff in the building and will be available to attend the home as needed.

**Working less than full complement for PSW staff:**



1. The Registered staff member on the Dundas Wing will attempt to replace the shift.
2. In the event that the shift is not able to be replaced the following protocols will be followed:

The policy continues with a description of how the PSWs would divide the workload between the remaining staff on the units.

The Inspector reviewed the licensee's registered nurse (RN) staffing schedule for a specified three month period. It was noted that during that time there were 18 days where there wasn't a registered nurse in the home who was an employee of the licensee and a member of the regular nursing staff of the home, for the entire 24 hours.

During that same 84 day period, there were 54 days that the home did not have a full complement of RPN's as indicated on their Staffing Plan, dated April 1, 2017 to March 31, 2018. There were 47 days that the home was short at least one PSW for at least one shift. On twelve of those days, there were at least two shifts short at least one PSW and six shifts that the home was short two PSW's for at least part of a shift.

The licensee failed to ensure that the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work. [s. 31. (3)]

***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 staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8(3) of the Act, cannot come to work, to be implemented voluntarily.***



**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**

**Issued on this 8th day of May, 2018**

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

**Original report signed by the inspector.**



**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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

---

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

**Nom de l'inspecteur (No) :** CATHI KERR (641)

**Inspection No. /**

**No de l'inspection :** 2018\_589641\_0012

**Log No. /**

**No de registre :** 003066-18

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** May 7, 2018

**Licensee /**

**Titulaire de permis :** Crown Ridge Health Care Services Inc.  
106 Crown Street, TRENTON, ON, K8V-6R3

**LTC Home /**

**Foyer de SLD :** Westgate Lodge Nursing Home  
37 Wilkie Street, BELLEVILLE, ON, K8P-4E4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Leslie Morrow

---

To Crown Ridge Health Care Services Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Order(s) of the Inspector**

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

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

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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

**Order / Ordre :**

The licensee must be compliant with s.8(3) of the LTCHA.

Specifically, the licensee must ensure that at least one registered nurse who is an employee of the licensee or works at the home pursuant to a contract with the licensee and is a member of the regular nursing staff of the home is on duty and present at all times.

In addition, until compliance is achieved, the licensee is required to establish a monitoring process on every shift where there is no RN in the building, to ensure that risks associated with the delivery of nursing care, such as medication administration, wound care and any other high risk care areas, are mitigated and corrective actions, if required, are effective. Outcomes of the monitoring process are to be reported to the manager on call at the end of each of these shifts. All steps of this process must be documented as they are being implemented.

**Grounds / Motifs :**

1. 1. The licensee failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

In accordance with s.8(3) of the LTCHA, the licensee was required to ensure that there was at least one registered nurse on duty and present in the home at all times, except in the case of an emergency. The Long-term Care Home is an 88 bed home divided into three home areas. According to section 45 of Regulation 79/10, for homes with a licensed bed capacity of more than 64 beds

and fewer than 129 beds, in the case of an emergency where the back-up plan referred to in clause 31(3)(d) of this Regulation fails to ensure that the requirement under subsection 8(3) of the Act is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if, the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home.

An "emergency" means an unforeseen situation of a serious nature that prevents a registered nurse from getting to the long-term care home O.Reg.79/10,s.45(2). The Admin acknowledged that none of the 18 shifts met the definition as required.

Inspector #641 reviewed the licensee's registered nurse (RN) staffing schedule from January 1, 2018 to March 25, 2018. There were 18 days where there wasn't a registered nurse on the premises who was an employee of the licensee and a member of the regular nursing staff of the licensee, for the entire 24 hours.

During an interview with the Inspector on March 27, 2018, the Administrator (Admin) indicated they were aware that there were some shifts that were not filled with a registered nurse (RN) and therefore, there was no RN in the building during those times. The Administrator indicated that none of the absences noted were as a result of an unforeseen situation of a serious nature that prevented a scheduled RN from getting to the Long-Term Care (LTC) home. The Admin specified that during some of the day shifts, either the Admin or the Director of Nursing (DON) who were both RNs, would act as the RN for the home. The Admin indicated that as per the legislation for a home with the bed capacity of more than 64 but fewer than 97 beds, the requirement was for the Administrator to be in the home for 24 hours per week. Since the Admin worked in the home five days per week, they could cover the RN shifts for 2 days per week when needed.

During an interview with the Inspector on March 29, 2018, the DON acknowledged that none of the shifts that an RN was absent from the LTC home was due to an emergency situation. The DON indicated that on some of the



**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*

days that the RN position on a day shift hadn't been filled, the DON could be considered the RN on the premises and the Administrator would then be considered the DON that day. During seven shifts, either the Admin or DON were working in the capacity of the registered nurse for the licensee.

The decision to issue a compliance order was based on the scope and severity of this non-compliance. The severity was determined to be a level 2 since the absence of a Registered Nurse potentially poses a risk to resident safety and affects every resident living in the home. The scope was a level 2 as there were a total of 18 days during the three month period reviewed that an RN was not on duty for at least part of the 24 hour period. The home had a level 2 compliance history as there were no related non-compliance during the prior 36 month period.

The licensee failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times. [s. 8. (3)] (641)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jun 29, 2018



**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

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

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  
Long-Term Care Inspections 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](http://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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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

**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*

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 7th day of May, 2018**

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



**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*

**Name of Inspector /**

Cathi Kerr

**Nom de l'inspecteur :**

**Service Area Office /**

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