

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

**Rapport d'inspection prévue
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**

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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 28, 2019	2019_648741_0023	017557-19	Critical Incident System

Licensee/Titulaire de permis

County of Oxford
21 Reeve Street WOODSTOCK ON N4S 7Y3

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

Woodingford Lodge - Ingersoll
325 Thames Street South INGERSOLL ON N5C 2T8

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

AYESHA SARATHY (741)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 15, 16, and 17, 2019

The following Critical Incident (CI) was inspected during this inspection:

CI #M614-000004-19/Log #017557-19, related to Responsive Behaviours and Prevention of Abuse and Neglect

During the course of the inspection, the inspector(s) spoke with six Personal Support Workers (PSWs), two Registered Practical Nurses (RPNs), two Registered Nurses (RNs), the Behavioural Supports Ontario (BSO) Lead, the Manager of Woodingford Lodge Satellites, and two residents.

Inspector #523 was also present for this inspection.

The inspectors also reviewed clinical records for identified residents, relevant policies and procedures, other relevant documents and observed residents.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Sufficient Staffing**

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

3 WN(s)

1 VPC(s)

2 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>Légende</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. 212. Administrator

Specifically failed to comply with the following:

s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

s. 212. (4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,

(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration; O. Reg. 79/10, s. 212 (4).

(b) has at least three years working experience,

(i) in a managerial or supervisory capacity in the health or social services sector, or

(ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d); O. Reg. 79/10, s. 212 (4).

(c) has demonstrated leadership and communications skills; and O. Reg. 79/10, s. 212 (4).

(d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's Administrator worked regularly in the Administrator position on site at a home with a licensed bed capacity of 64 beds or fewer, for at least 16 hours per week.

On an identified date, Inspectors #741 and #523 entered the home to conduct an inspection on a Critical Incident System (CIS) that was submitted to the Ministry of Long-Term Care (MOLTC), in relation to an incident of witnessed physical abuse by one

resident to another resident. During the inspection, the Inspectors met with Manager of Woodingford Lodge Satellites, who said that they were working as the Administrator as well as Director of Care (DOC) in the home. They informed the Inspectors that the home's Administrator and DOC resigned from their position approximately one month prior, after which they began covering the Administrator and DOC positions at the home.

During an interview, the Manager of Woodingford Lodge Satellites was asked whether they were hired for the Administrator or DOC position and they said they were hired by Oxford County as the Manager of Woodingford Lodge Satellites and that their offer letter did not specify whether they were hired for the Administrator or DOC position in the home.

The Manager of Woodingford Lodge Satellites said they worked 16 hours per week at Woodingford Lodge – Ingersoll in both the Administrator and DOC positions. They were asked if they could provide any written documentation of the hours they worked dedicated to the Administrator position in Woodingford Lodge – Ingersoll, and they said they did not have documentation of any such records. They said that another Administrator provided assistance on site at Woodingford Lodge – Ingersoll two days a month and when needed, however, they did not regularly work as the Administrator at the home for a set number of hours per week. They also said they were the primary manager at the home responsible for duties of the Administrator. The Manager of Woodingford Lodge Satellites acknowledged that they were unaware of the legislative requirements mandated by the Long-Term Care Homes Act, 2007, related to the minimum number of hours required to work as an Administrator on site in a home with a licensed bed capacity of 64 beds or fewer, and that they had not been meeting this requirement.

The licensee failed to ensure that the home's Administrator worked regularly in the Administrator position on site at the home, which had a licensed bed capacity of 34 beds, for at least 16 hours per week. [s. 212. (1)]

2. The licensee has failed to ensure that everyone hired as an Administrator had successfully completed or, was enrolled in, a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time.

Inspectors #741 and #523 met with the Manager of Woodingford Lodge Satellites, who said that they had been working as the Administrator in the home for the last month but had not completed a course in administration nor were they currently enrolled in one. A

copy of the Manager of Woodingford Lodge Satellites's resume was requested for review, which indicated that they had not completed or were currently enrolled in a program in administration or management. The Manager of Woodingford Lodge Satellites said they had not completed an administrator course but were planning to enroll in an administrator's course commencing June 2020. They said they were hired by Oxford County as the Manager of Woodingford Lodge Satellites and that their offer letter did not specify whether they were hired for the Administrator position, however they stated that were the primary manager at the home and completed the responsibilities of an Administrator at the home.

The licensee failed to ensure that the Manager of Woodingford Lodge Satellites, who was hired as the Administrator, had successfully completed or, was enrolled in, a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time. [s. 212. (4)]

Additional Required Actions:

CO # - 001, 002 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. 213. Director of Nursing and Personal Care

Specifically failed to comply with the following:

s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

- 1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week. O. Reg. 79/10, s. 213 (1).**
- 2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week. O. Reg. 79/10, s. 213 (1).**
- 3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week. O. Reg. 79/10, s. 213 (1).**
- 4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week. O. Reg. 79/10, s. 213 (1).**
- 5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's Director of Nursing and Personal Care worked regularly in that position on site at a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.

During the inspection, the Inspectors met with the Manager of Woodingford Lodge Satellites, who said that they were working as the Administrator as well as Director of Care (DOC) in the home. They informed the Inspectors that the home's Administrator and DOC resigned from their position approximately one month prior, after which they began covering the Administrator and DOC positions at the home.

During an interview, when the Manager of Woodingford Lodge Satellites was asked what position they were hired to cover, they said they were hired by Oxford County as the Manager of Woodingford Lodge Satellites but their offer letter did not specify whether they were hired for the Administrator or DOC position in the home.

The Manager of Woodingford Lodge Satellites said they worked approximately 16 hours per week at Woodingford Lodge – Ingersoll in both the Administrator and DOC positions. They were asked whether they could provide any written documentation of the hours they worked dedicated to the DOC position in Woodingford Lodge – Ingersoll, and they said they did not have documentation of any such records. They acknowledged that they were unaware of the legislative requirements mandated by the Long-Term Care Homes Act, 2007, related to the minimum number of hours required to work as a DOC on site in a home with a licensed bed capacity of more than 29 but fewer than 40 beds, and they acknowledged that they were not meeting this requirement.

The licensee failed to ensure that the home's Director of Nursing and Personal Care worked regularly in that position on site at a home with a licensed bed capacity of 34 beds, for at least 16 hours per week. [s. 213. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home's Director of Nursing and Personal Care works regularly in that position on site in a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written policy to promote zero tolerance of abuse of residents was complied with. Specifically, staff did not comply with the home's policy #6.045 "Resident Abuse – Zero Tolerance for Abuse and Neglect", revised May 2019.

On an identified date, a report was submitted to the Ministry of Long-Term Care (MOLTC) via the Service Ontario After Hours phone line, in relation to a Critical Incident of witnessed physical abuse by one resident to another resident that occurred after hours the previous day. The Critical Incident System (CIS) report was submitted to the MOLTC the day after the initial report was submitted through the After Hours phone line, and documented an incident in which a resident had an altercation with another resident that resulted in physical abuse.

A review of the identified resident's progress notes indicated that a Registered Practical Nurse (RPN) witnessed the altercation and reported the incident to a Registered Nurse (RN). The same progress note also indicated that the Resident Care Coordinator (RCC),

who was the Manager on call, was emailed about the incident. It was documented in another progress note that the Manager on call became aware of the incident the following day.

The home's policy #6.045 "Resident Abuse – Zero Tolerance for Abuse and Neglect", revised May 2019, was reviewed, and stated, under 'Internal Reporting within Woodingford Lodge' that if an RN determined that abuse occurred and it was reportable to the MOLTC, the Supervisor or Manager on call needed to be notified immediately.

The Manager of Woodingford Lodge Satellites provided the Inspectors with a copy of an email that was sent to all registered staff on an identified date after the incident occurred for a review of their responsibilities in regard to immediate reporting of critical incidents. The email stated that staff were required to call, and not email, the Manager on Duty to notify them of a critical incident, and that if a manager did not answer the call staff were required to keep calling until they were able to speak with a Manager.

During an interview, the RPN who witnessed the incident, said that they reported the incident to an RN approximately 10 minutes after the incident occurred. When asked how they would report any incident of suspected or witnessed abuse, they said they would call the RN in charge or the Manager on call.

In other interviews, an RPN said they would immediately report any suspected or witnessed abuse of a resident to the RN on duty, call the Manager on call and email the manager. Two RNs said that they would report abuse by calling the Manager on call or telling a manager if there was one in the building at that time.

The Manager of Woodingford Lodge Satellites was asked, in an interview, how staff were expected to report incidents of witnessed, alleged or suspected abuse that occurred after hours, and they said that Personal Support Workers (PSWs) would be required to report to registered staff immediately, RPNs would report to the RN on duty, and the RN on duty would be expected to call the Manager on call immediately. The Manager of Woodingford Lodge Satellites said staff had received training on the home's policy #6.045 "Resident Abuse – Zero Tolerance for Abuse and Neglect", and that they had been made aware that a phone call, and not an email, was required to notify the Manager on call of any incident of suspected or witnessed abuse, as Managers on call did not check their email frequently. They said that the RN who was notified about the incident of witnessed physical abuse cited in the CIS report did not follow the home's policy for internal reporting of abuse when they notified the Manager on call by email and not by phone.

The licensee failed to comply with the home's policy #6.045 "Resident Abuse – Zero Tolerance for Abuse and Neglect" when an RN did not immediately notify the Manager on call of the incident of witnessed abuse by one resident to another resident.

Issued on this 30th day of October, 2019

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

Original report signed by the inspector.

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

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) : AYESHA SARATHY (741)

Inspection No. /

No de l'inspection : 2019_648741_0023

Log No. /

No de registre : 017557-19

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Oct 28, 2019

Licensee /

Titulaire de permis : County of Oxford
21 Reeve Street, WOODSTOCK, ON, N4S-7Y3

LTC Home /

Foyer de SLD : Woodingford Lodge - Ingersoll
325 Thames Street South, INGERSOLL, ON, N5C-2T8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Caitlin Ward

To County of Oxford, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

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. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).

Order / Ordre :

The licensee must ensure that:

- 1) A schedule is maintained of the home's Administrator, working regularly in that position on site at the home, for at least 16 hours per week
- 2) The Administrator's scheduled hours worked in the home are documented and;
- 3) A written record of all of the above is kept in the home

Grounds / Motifs :

1. The licensee has failed to ensure that the home's Administrator worked regularly in the Administrator position on site at a home with a licensed bed capacity of 64 beds or fewer, for at least 16 hours per week.

On an identified date, Inspectors #741 and #523 entered the home to conduct an inspection on a Critical Incident System (CIS) that was submitted to the Ministry of Long-Term Care (MOLTC), in relation to an incident of witnessed physical abuse by one resident to another resident. During the inspection, the Inspectors met with Manager of Woodingford Lodge Satellites, who said that they were working as the Administrator as well as Director of Care (DOC) in the home. They informed the Inspectors that the home's Administrator and DOC resigned from their position approximately one month prior, after which they

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

began covering the Administrator and DOC positions at the home.

During an interview, the Manager of Woodingford Lodge Satellites was asked whether they were hired for the Administrator or DOC position and they said they were hired by Oxford County as the Manager of Woodingford Lodge Satellites and that their offer letter did not specify whether they were hired for the Administrator or DOC position in the home.

The Manager of Woodingford Lodge Satellites said they worked 16 hours per week at Woodingford Lodge – Ingersoll in both the Administrator and DOC positions. They were asked if they could provide any written documentation of the hours they worked dedicated to the Administrator position in Woodingford Lodge – Ingersoll, and they said they did not have documentation of any such records. They said that another Administrator provided assistance on site at Woodingford Lodge – Ingersoll two days a month and when needed, however, they did not regularly work as the Administrator at the home for a set number of hours per week. They also said they were the primary manager at the home responsible for duties of the Administrator. The Manager of Woodingford Lodge Satellites acknowledged that they were unaware of the legislative requirements mandated by the *Long-Term Care Homes Act, 2007*, related to the minimum number of hours required to work as an Administrator on site in a home with a licensed bed capacity of 64 beds or fewer, and that they had not been meeting this requirement.

The licensee failed to ensure that the home's Administrator worked regularly in the Administrator position on site at the home, which had a licensed bed capacity of 34 beds, for at least 16 hours per week. [s. 212. (1)]

The severity of this issue was determined to be a level 3 as there was actual risk as a result of this non-compliance. The scope of the issue was a level 1 as it was an isolated issue. The home had a level 2 compliance history as the home had one or more non-compliance(s), none of which were the same subsection cited, with this section of the *Long-Term Care Homes Act*. (741)

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

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

Oct 31, 2019

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

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

O.Reg 79/10, s. 212. (4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,

- (a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration;
- (b) has at least three years working experience,
 - (i) in a managerial or supervisory capacity in the health or social services sector, or
 - (ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d);
- (c) has demonstrated leadership and communications skills; and
- (d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).

Order / Ordre :

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

The licensee must ensure that the Administrator, hired for that position in the home:

- 1) Has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration
- 2) Has at least three years working experience
 - i) in a managerial or supervisory capacity in the health or social services sector, or
 - ii) in another managerial or supervisory capacity if he or she has already successfully completed the administration or management program specific to long-term care, that is a minimum of 100 hours in duration of instruction time
- 3) Has demonstrated leadership and communication skills
- 4) Has successfully completed or is enrolled in a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time, and;
- 5) A written record of all of the above is kept in the home

Grounds / Motifs :

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

1. The licensee has failed to ensure that everyone hired as an Administrator had successfully completed or, was enrolled in, a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time.

Inspectors #741 and #523 met with the Manager of Woodingford Lodge Satellites, who said that they had been working as the Administrator in the home for the last month but had not completed a course in administration nor were they currently enrolled in one. A copy of the Manager of Woodingford Lodge Satellites' resume was requested for review, which indicated that they had not completed or were currently enrolled in a program in administration or management. The Manager of Woodingford Lodge Satellites said they had not completed an administrator course but were planning to enroll in an administrator's course commencing June 2020. They said they were hired by Oxford County as the Manager of Woodingford Lodge Satellites and that their offer letter did not specify whether they were hired for the Administrator position, however they stated that were the primary manager at the home and completed the responsibilities of an Administrator at the home.

The licensee failed to ensure that the Manager of Woodingford Lodge Satellites, who was hired as the Administrator, had successfully completed or, was enrolled in, a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time. [s. 212. (4)]

The severity of this issue was determined to be a level 3 as there was actual risk as a result of this non-compliance. The scope of the issue was a level 1 as it was an isolated issue. The home had a level 2 compliance history as the home had one or more non-compliance(s), none of which were the same subsection cited, with this section of the Long-Term Care Homes Act. (741)

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

Oct 31, 2019

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

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

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:

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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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.

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

**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

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

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)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

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.

Issued on this 28th day of October, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Ayesha Sarathy

Service Area Office /

Bureau régional de services : London Service Area Office