



**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 3, 2015	2014_190159_0029	H-000833-14 H-000834 -14 H-000835-14	Follow up

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8 STONEY CREEK ON L8G 1G6

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

ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST HAMILTON ON L8G 1J3

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection



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

**Ministère de la Santé et des
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**Inspection Report under
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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 Follow up inspection.

This inspection was conducted on the following date(s): December 15, 16, 2014

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Food Service Manager, registered staff, Personal Support Workers (PSWs), cooks, dietary aides, and residents

The following Inspection Protocols were used during this inspection:

Dining Observation

Food Quality

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

3 WN(s)

1 VPC(s)

3 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the food production system at a minimum was provide for standardized recipes and production sheets for all menus.

Recipes were not standardized to provide clear directions to guide staff in food production. Recipe for garden salad indicated Balsamic Vinaigrette Dressing “ see production sheet”. The production sheet did not have specific direction. Ranch dressing was served with garden salad instead of balsamic vinaigrette.

The production sheet for December 16, 2014, indicated that two portions of puree coleslaw to be prepared for second floor. The floor had total of seven residents who required puree texture diet. There was not sufficient quantity of puree coleslaw. Dietary staff had to call the cook because of food shortage, and residents had to wait while the staff obtained more food from the kitchen. There were not sufficient servings of regular and pureed egg salad sandwiches and broccoli. Residents on puree diet were served mashed potatoes, and coleslaw.

Recipe for sliced ham sandwich did not specify the amount of protein for the sandwich filling. The recipe only indicated 170 slices of ham for 83 and 87 servings.

Mixed vegetables recipe indicated three bags for 64 serving, however, no quantities were specified by weight or measurements.

Recipes available for minced ham sandwich filling was not followed, the consistency of the filling was runny and had too much dressing. The ham sandwiches served were

soggy. On December 15, 2014, macaroni and cheese recipe was not followed, the cook reported they did not measure or weigh the ingredients. The end product served was sticky, gluey and crusted on the top surface due to being over cooked. The appearance of the main entree that was served for the lunch to the residents was not eye appealing. [s. 72. (2) (c)]

2. The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

December 15, 2014 the lunch meal served did not preserve the appearance, taste and quality. The meal served to residents did not appear to be appetizing and nutritious. The menu served consisted of macaroni and beef casserole, mixed vegetables and Jello. The macaroni and beef casserole was sticky and gluey. Vegetables were over cooked and mushy. The second choice menu served was sliced ham sandwich, green salad and pears. Green salad was saturated with salad dressing. The minced ham sandwich was soggy and the filling was runny.

The Administrator observed the quality of food served to residents and validated the food quality was not meeting the standard. Residents interviewed voiced their concerns regarding the quality of meals served. The lunch meal was not well received by majority of the residents. [s. 72. (3) (a)]

3. The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored and served using methods to prevent adulteration, contamination and food borne illness.

The hot food served to residents was found to be not in the safe temperature zone. During the lunch meal on the second floor (Clayton) on December 16, 2014, broccoli was probed at 46 degree Celsius, baked potatoes at 45 degree Celsius, pureed egg salad sandwich 10 degree Celcius.

The temperature range in which food borne bacteria can grow, known as the danger zone is 4 to 60 degree Celsius. (40 to 140 degree Farnheight).

On December 15, 2014 left over prepared foods were found in the kitchen refrigerator. Turkey and tuna salad sandwich fillings dated December 8, and 9, 2014 were noted stored beyond the expiry dates. The Food Service Manager confirmed the left over foods found in the kitchen refrigerator should have been discarded if not used within two days.. [s. 72. (3) (b)]



Additional Required Actions:

CO # - 001, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee did not ensure that the care set out in the plan of care is provided to all residents including resident # 1 # 2 # 3 #5 #6 and # 7as specified in their plans.

The plan of care for resident#1 indicated staff to ensure resident was offered alternative food choice when meal refused. On December 16, 2014 at approximately 1215 hours the resident was observed in the dining room waiting for the lunch meal. The resident left the dining room at 1235 hours without eating their meal. Resident stated that they had waited too long for the lunch meal. Staff did not offer food choices when resident left the dining room.

Resident #2 plan of care had identified resident to be provided 250 ml large glass of honey thick water and resident to avoid spinach, brussel sprouts and broccoli, due to on medication. On a specified date December 2014 resident was served broccoli for lunch and received only one small glass 125 ml water.

The plan of care for resident # 3 indicated that they were to receive a therapeutic diet, ½ portion of entrée, less potatoes and starch, double serving of vegetables. However, during the lunch meal on a specified date December 2014, the resident was served full whole egg salad sandwich, regular serving of vegetables and whole banana. Dietary staff confirmed resident did not receive correct menu items and portions.

The plan of care for resident #5 had indicated they were to receive a #8 scoop of pudding or yogurt when jello is on menu.The resident was served jello for for lunch. The resident



was known to be on thickened fluid and jello was not appropriate their diet.

The plan of care for Resident #6 indicated that they were to be provided small portions, December 15, 2104 the resident was served full whole ham sandwich for lunch.

The plan of care of for resident # 7 indicated they were to receive all fluids in nosey cup, # 8 scoop of yogurt or pudding when jello is on the menu. Resident was served jello for lunch. Dietary staff confirmed resident should have received pudding. Resident was identified to be on a modified texture diet and thickened fluids.

Portion sizes listed on the therapeutic menu for diabetic diet were not followed. The therapeutic menu had listed ½ serving of banana for diabetic diet.. Residents were served whole banana. The required serving for diabetic diet was a # 10 scoop for rice pudding, residents were served #8 scoop of rice pudding. Dietary staff interviewed confirmed the portion sizes listed on the menu were not followed [s. 6. (7)]

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. 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 had failed to ensure that any plan, policy, protocol, procedure, strategy or system put in place was complied with.

The home had a policy # NS-08-17, Left Overs, effective date December 1, 2009, which outlined that " left overs shall be used in a manner that protects product quality and safety. Refrigerated left overs must be used within 2 days. No left overs shall be used beyond the expiry dates as per label"

On December 15, 2104, at approximately 11:05 hours during the observation of food production left over prepared foods were found in the refrigerator. Turkey and tuna salad sandwich filling, mixed vegetable, and tomato soup were labeled and dated December 8, 9, 2014. The Food Service Manager confirmed that all left over foods found in the refrigerators should have been discarded within two days if not used as specified in the policy. [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 to ensure 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 (b) is complied with, to be implemented voluntarily.

Issued on this 6th day of February, 2015

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

Original report signed by the inspector.



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) : ASHA SEHGAL (159)

Inspection No. /

No de l'inspection : 2014_190159_0029

Log No. /

Registre no: H-000833-14 H-000834-14 H-000835-14

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 3, 2015

Licensee /

Titulaire de permis : THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

LTC Home /

Foyer de SLD : ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lisa Paladino

To THE THOMAS HEALTH CARE CORPORATION, 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) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 72. (2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that are comparable to the planned menu;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the food production system provides for standardized recipes and production sheets for all menus and preparation of all menu items according to the planned menu.

The plan shall include how the home will:

a. ensure that the recipes and production sheets are standardized

b. ensure menu items are prepared according to the menu including following recipes and portion sizes

c. provide staff education related to changes

d. conduct quality management program..

The plan is to be submitted to Asha.sehgal@ontario.ca by February 20, 2015.

Grounds / Motifs :

1. previously identified as a CO in May 2013, October 2013 and May 2014

The licensee failed to ensure that the food production system at a minimum was provide for standardized recipes and production sheets for all menus.

Recipes were not standardized to provide clear directions to guide staff in food production. Recipe for garden salad indicated Balsamic Vinaigrette Dressing “ see production sheet”. The production sheet did not have specific direction. Ranch dressing was served with garden salad instead of balsamic vinaigrette. The production sheet for December 16, 2014, indicated that two portions of puree coleslaw to be prepared for second floor. The floor had total of seven residents who required puree texture diet. There was not sufficient quantity of puree coleslaw. Dietary staff had to call the cook because of food shortage and residents had to wait while the staff obtained more food from the kitchen. There were not sufficient servings of regular and pureed egg salad sandwiches and broccoli. Residents on puree diet were served mashed potatoes, and coleslaw.

Recipe for sliced ham sandwich did not specify the amount of protein for the sandwich filling. The recipe only indicated 170 slices of ham for 83 and 87 servings.

Mixed vegetables recipe indicated three bags for 64 serving, however, no quantities were specified by weight or measurements.

Recipes available for minced ham sandwich filling was not followed, the consistency of the filling was runny and had too much dressing. The ham sandwiches served were soggy.

On December 15, 2014, macaroni and cheese recipe was not followed, the cook reported they did not measure or weigh the ingredients. The end product served was sticky, gluey and crusted on the top surface due to being over cooked. The appearance of the main entree that was served for the lunch to the residents was not eye appealing. (159)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 16, 2015

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)

Linked to Existing Order /

Lien vers ordre existant: 2014_188168_0013, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the care set out in the plan of care is provided to all residents, including residents #1, #2, #3, #5, #6 and #7, as specified in their plans.

The plan is to be submitted to Asha.sehgal@ontario.ca by February 20, 2015

Grounds / Motifs :

1. Previously identified as a CO May 21, 2014

The licensee did not ensure that the care set out in the plan of care is provided to all residents including resident # 1 # 2 # 3 #5 #6 and # 7as specified in their plans.

The plan of care for resident #1 indicated staff to ensure resident was offered alternative food choice when meal refused. On a specified date December 2014 at approximately 1215 hours the resident was observed in the dining room waiting for the lunch meal. The resident left the dining room at 1235 hours without eating their meal. Resident stated that they had waited too long for the lunch meal. Staff did not offer food choices when the resident left the dining room.

Resident #2 plan of care had identified resident to be provided 250 ml large glass of honey thick water and resident to avoid spinach, brussel sprouts and broccoli, due to on medication. On a specified date December 2014 resident was served broccoli for lunch and received only one small glass 125 ml water.



**Ministry of Health and
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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*

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

The plan of care for resident # 3 indicated that they were to receive therapeutic diet, ½ portion of entrée, less potatoes and starch, double serving of vegetables. However, during the lunch meal on a specified date December 2014, the resident was served full whole egg salad sandwich, regular serving of vegetables and whole banana. Dietary staff confirmed resident did not receive correct menu items and portions.

The plan of care for resident #5 had indicated they were to receive a #8 scoop of pudding or yogurt when jello is on menu. The resident was served jello for lunch for lunch dessert. The resident was known to be on thickened fluid and jello was not appropriate for their diet.

The plan of care for Resident #6 indicated that they were to be provided small portions, On a specified date December 2104 the resident was served full whole ham sandwich for lunch.

The plan of care of for resident # 7 indicated they were to receive all fluids in nose cup, # 8 scoop of yogurt or pudding when jello is on the menu. Resident was served jello for lunch. Dietary staff confirmed resident should have received pudding. Resident was identified to be on a modified texture diet and thickened fluids.

Portion sizes listed on the therapeutic menu for diabetic diet were not followed. The therapeutic menu had listed ½ serving of banana for diabetic diet.. Residents were served whole banana. The required serving for diabetic diet was a # 10 scoop for rice pudding, residents were served #8 scoop of rice pudding. Dietary staff interviewed confirmed the portion sizes listed on the menu were not followed (159)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 16, 2015

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)**Linked to Existing Order /****Lien vers ordre
existant:**2014_188168_0013, CO #002;
2014_188168_0013, CO #003;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the all food and fluids in the food production system are prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality; and prevent adulteration, contamination and food borne illness.

The plan shall include how the home will:

- a. ensure recipes are available and followed
- b. prevent the risk of contamination and food borne illness
- c. provide staff education to changes
- d. complete quality management activities that will be implemented to target the specific non compliance

The plan shall be submitted to Asha.sehgal@ontario.ca by February 20, 2015

Grounds / Motifs :

1. Previously identified as a CO in May 2013, October 2013 and May 2014.

The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve taste, nutritive value, appearance and food quality.

December 15, 2014 the lunch meal served did not preserve the appearance, taste and quality. The meal served to residents did not appear to be appetizing and nutritious. The menu served consisted of Macaroni and beef casserole, mixed vegetables and Jello. The macaroni and beef casserole was sticky and gluey. Vegetables were over cooked and mushy. The second choice menu served was sliced ham sandwich, green salad and pears. Green salad was saturated with salad dressing. The minced ham sandwich was soggy and the filling was runny.

The Administrator observed the quality of food served to residents and validated the food quality was not meeting the standard. Residents interviewed voiced their concerns regarding the quality of meals served. The lunch meal was not well received by majority of the residents.

(159)

2. The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored and served using methods to prevent adulteration, contamination and food borne illness.

The hot food served to residents was found to be not in the safe temperature zone.

During the lunch meal on the second floor (Clayton dining room) on December 16, 2014, broccoli was probed at 46 degree Celsius, baked potatoes and cheese at 45 degree Celsius, pureed egg salad sandwich 10 degree Celsius.

The temperature range in which food borne bacteria can grow, known as the danger zone is 4 to 60 degree Celsius. (40 to 140 degree Fahrenheit).

On December 15, 2014 left over prepared foods were found in the kitchen refrigerator. Turkey and tuna salad sandwich fillings dated December 8, and 9, 2014 were noted stored beyond the expiry dates. The Food Service Manager confirmed the left over foods found in the kitchen refrigerator should have been discarded if not used within two days..

(159)



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Order(s) of the Inspector

Pursuant to section 153 and/or
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Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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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 : Feb 16, 2015



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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



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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
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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.



**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*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 3rd day of February, 2015

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

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

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