



**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**

**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**

**Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670**

**Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 17, 2013	2013_031194_0039	000574- 13,000707- 13,000854- 13	Follow up

Licensee/Titulaire de permis

**MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8**

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

**ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8**

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 7,8,9,10 & 11, 2013

During the course of this follow up inspection three outstanding order were inspected under Log #00574-13, #000707-13, #000854-13

During the course of the inspection, the inspector(s) spoke with Chief Executive Officer (CEO), Director of Care (DOC), Unit Managers (UM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Worker (PSW), Laundry Aide (LA) and Residents

During the course of the inspection, the inspector(s) reviewed clinical health records for identified residents, Licensee's policy for "Hand Hygiene" Policy # 5-25, educational records for infection control, hand washing audits, observed staff interaction with residents and their environment related to infection control and provision of care

The following Inspection Protocols were used during this inspection:
Critical Incident Response
Infection Prevention and Control
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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



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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



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This non compliance was previously issued as a Compliance Order on May 10, 2013 under inspection # 2013_031194_0015 and June 19, 2013 under inspection #2013_196157_0015

The plan of care for Resident #01 was reviewed and does not provide clear direction to staff related to the resident's responsive behaviour regarding resistance to bathing.

PSW staff # 104, 106 and 115 and RPN # 1 and 4 were interviewed and were aware of the resistance to bathing for resident #01. All staff stated that the resident was very resistive to any attempts in bathing.

The bathing records for Resident #01 states that the resident has refused 7 out of 8 baths since admission.

The plan of care related to bathing for Resident #01 states that the resident requires physical assistance for washing of back and hair by one staff. The plan of care for Resident #01 does not give clear direction to staff on how to manage the responsive behaviour when resisting baths.

The plan of care for Resident #02 was reviewed and does not provide clear direction to staff related to the resistance to bathing.

PSW staff # 104, 106, 115 and RPN # 1 were interviewed and were aware of the resistance to showering for Resident #02. PSW # 104 stated the resident preferred to wash at the sink in the bedroom without any staff assistance.

Resident # 02 has refused 8 out of 8 showers since admission.

Plan of care for bathing for Resident #02 states one staff assistance is required with washing of back and hair. The Resident may yell or strike out with walker or hands. The plan of care for Resident #02 does not give clear direction to staff on how to manage the responsive behaviour when resisting showers.

The plan of care for resident #03 was reviewed and does not provide clear direction to staff related to the responsive behaviour for the management of continence.

PSW #104 and RPN #1 confirmed that resident # 03 will remove the soiled incontinent product and/or bedding and put them on the floor.

The progress notes for resident # 03 state:

-On an identified date, the resident had removed and soiled brief and threw it on the floor.



-On an identified date, staff found soiled bedding in the garbage can in his room.

The plan of care related to toileting for Resident # 03 was reviewed and states that the Resident uses a urinal at night, requires limited assistance of one staff with peri care and applying brief. The Resident will sometimes toilet self. Resident is to be toileted at AM care/ac meals/HS care/evening round and both night rounds and to evaluate the resident's bladder control pattern. The plan of care for Resident #03 does not provide clear direction to staff related to the Resident's continence routine.

The plan of care for Resident #05 was reviewed and does not provide clear direction to staff related to the responsive behaviour related to layering of clothing or continence care.

-PSW#104 stated that the resident likes to layer clothing and has been found wearing 9 shirts recently in the morning. RPN#1 confirmed that Resident #05 was known to layer his clothing.

Progress notes for Resident #05 state;

-On three identified dates the resident voided on floor, bed or bedside garbage pail

-On an identified date the resident got up, stripped off brief and stuffed it in sink of bathroom and turned on the tap, flooding the room.

The plan of care related to urinary incontinence for Resident #05 was reviewed and states that the resident is occasionally incontinent and is on a bladder retraining program. RPN #1 was unable to explain what this meant. The plan of care for resident #05 does not provide clear direction to staff related to toileting times and approaches to manage the responsive behaviour related to continence care. The plan of care related to dressing for Resident #05 was reviewed and does not provide clear direction to staff related to layering of clothing.

The plan of care for resident #06 was reviewed and does not provide clear direction to staff related to the responsive behaviours for the management of continence.

The progress notes for resident #06 states;

-On an identified date the resident is incontinent of urine and stool in hallway.

-On two identified dates the resident up in night and walked into hall looking for toilet.

-On an identified date, in the evening hours the resident is incontinent in the dining room



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The plan of care related to toileting for resident #06 was reviewed and states that the resident requires extensive assistance for toileting and peri care. The resident requires cueing to adjust clothing, sitting down on the toilet and wiping self. Staff take/remind resident to go to the bathroom am, hs, between meals and as requested by resident and brief is checked/changed on both rounds through night . The resident can be aggressive if not warned before all interventions. The plan of care for Resident #06 does not provide clear direction to staff related to the responsive behaviour of not being able to locate the bathroom when required and outlining individualized toileting times.

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. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



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This non compliance was previously issued as a Compliance Order on June 19, 2013 under inspection #2013_196157-0015 and July 25, 2013 under inspection #2013_031194_0019 with a compliance date of September 30, 2013.

Unit Manager (UM) # 1 confirmed that the home has completed mandatory education for staff in June 2013 related to infection control. Interview with staff # 119 (staffing clerk) confirmed that 59 staff members had yet to complete the mandatory infection control education. Hand washing audits were completed in the home on July 29 and 30, 2013. The results of the audits identified the areas in which improvement was required. UM#1 was unable to provide evidence to support that any action had been taken related to outcome of audits, at this time.

RPN#5 was observed on the unit during a medication pass. The inspector observed the administration of medication/treatments to three residents by the registered staff without proper hand hygiene between treatments.

-Resident # 8 was observed at the med cart with the RPN. The RPN administered sub cutaneous injection to the resident, then documented in the computer the treatment,

-Resident # 9 was observed coming towards the medication cart, the RPN administered eye drops bilaterally for the resident, then documented the treatment in the computer.

-The RPN was observed going into resident # 10's room, provide a treatment and administer a sub cutaneous injection. The RPN returned to the medication cart and documented her actions.

-No hand hygiene was observed , RPN confirmed that she had forgotten.

-PSW #4 was observed by the tub room wearing gloves and holding keys. When the inspector questioned the staff about wearing gloves, the inspector was informed that the staff had just finished stripping a bed and putting the laundry in the hamper at the end of the hall. The staff stated that the gloves should have been removed, once the laundry was deposited.

RPN#2 was observed in the hallway in the providing a treatment then addressing a gentleman standing, waiting for a medication. RPN#2 went into medication room, removed the medication from the medication cart and handed it to the gentleman, without proper hand hygiene. She stated that she should have washed her hands after the treatment.



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Additional Required Actions:

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

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 107. (3)	CO #001	2013_200148_0025	194
O.Reg 79/10 s. 71. (3)	CO #008	2013_196157_0015	194

Issued on this 18th day of October, 2013

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

Chantal Lafumiere (194)



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

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

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) : CHANTAL LAFRENIERE (194)

Inspection No. /

No de l'inspection : 2013_031194_0039

Log No. /

Registre no: 000574-13,000707-13,000854-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Oct 17, 2013

Licensee /

Titulaire de permis : MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

LTC Home /

Foyer de SLD : ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :**

Paul O'Krafka

To MARYCREST HOME FOR THE AGED, you are hereby required to comply with the following order(s) by the date(s) set out below:



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section 154 of the *Long-Term Care
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Order # / **Order Type /**
Ordre no : 001 **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre existant: 2013_196157_0015, CO #002;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident.
2007, c. 8, s. 6 (1).

Order / Ordre :

The licensee shall:
- Ensure that the written plan of care for residents with responsive behaviour sets out clear direction to staff, outlining specific care approaches and care techniques when providing care to residents with identified behaviours.

Grounds / Motifs :

1. This non compliance was previously issued as a Compliance Order on May 10, 2013 under inspection # 2013_031194_0015 and June 19, 2013 under inspection #2013_196157_0015

The plan of care for Resident #01 was reviewed and does not provide clear direction to staff related to the resident's responsive behaviour regarding resistance to bathing.

PSW staff # 104,106 and 115 and RPN # 1 and 4 were interviewed and were aware of the resistance to bathing for resident #01. All staff stated that the resident was very resistive to any attempts in bathing.

The bathing records for Resident #01 states that the resident has refused 7 out of 8 baths since admission.

The plan of care related to bathing for Resident #01 states that the resident requires physical assistance for washing of back and hair by one staff. The plan



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of care for Resident #01 does not give clear direction to staff on how to manage the responsive behaviour when resisting baths.

The plan of care for Resident #02 was reviewed and does not provide clear direction to staff related to the resistance to bathing. PSW staff # 104, 106, 115 and RPN # 1 were interviewed and were aware of the resistance to showering for Resident #02. PSW # 104 stated the resident preferred to wash at the sink in the bedroom without any staff assistance. Resident # 02 has refused 8 out of 8 showers since admission. Plan of care for bathing for Resident #02 states one staff assistance is required with washing of back and hair. The Resident may yell or strike out with walker or hands. The plan of care for Resident #02 does not give clear direction to staff on how to manage the responsive behaviour when resisting showers.

The plan of care for resident #03 was reviewed and does not provide clear direction to staff related to the responsive behaviour for the management of continence.

PSW #104 and RPN #1 confirmed that resident # 03 will remove the soiled incontinent product and/or bedding and put them on the floor. The progress notes for resident # 03 state:
-On an identified date, the resident had removed and soiled brief and threw it on the floor.
-On an identified date, staff found soiled bedding in the garbage can in his room.

The plan of care related to toileting for Resident # 03 was reviewed and states that the Resident uses a urinal at night, requires limited assistance of one staff with peri care and applying brief. The Resident will sometimes toilet self. Resident is to be toileted at AM care/ac meals/HS care/evening round and both night rounds and to evaluate the resident's bladder control pattern. The plan of care for Resident #03 does not provide clear direction to staff related to the Resident's continence routine.

The plan of care for Resident #05 was reviewed and does not provide clear direction to staff related to the responsive behaviour related to layering of clothing or continence care.

-PSW#104 stated that the resident likes to layer clothing and has been found



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wearing 9 shirts recently in the morning. RPN#1 confirmed that Resident #05 was known to layer his clothing.

Progress notes for Resident #05 state;

-On three identified dates the resident voided on floor, bed or bedside garbage pail

-On an identified date the resident got up, stripped off brief and stuffed it in sink of bathroom and turned on the tap, flooding the room.

The plan of care related to urinary incontinence for Resident #05 was reviewed and states that the resident is occasionally incontinent and is on a bladder retraining program. RPN #1 was unable to explain what this meant. The plan of care for resident #05 does not provide clear direction to staff related to toileting times and approaches to manage the responsive behaviour related to continence care. The plan of care related to dressing for Resident #05 was reviewed and does not provide clear direction to staff related to layering of clothing.

The plan of care for resident #06 was reviewed and does not provide clear direction to staff related to the responsive behaviours for the management of continence.

The progress notes for resident #06 states;

-On an identified date the resident is incontinent of urine and stool in hallway.

-On two identified dates the resident up in night and walked into hall looking for toilet.

-On an identified date, in the evening hours the resident is incontinent in the dining room

The plan of care related to toileting for resident #06 was reviewed and states that the resident requires extensive assistance for toileting and peri care. The resident requires cueing to adjust clothing, sitting down on the toilet and wiping self. Staff take/remind resident to go to the bathroom am, hs, between meals and as requested by resident and brief is checked/changed on both rounds through night. The resident can be aggressive if not warned before all interventions. The plan of care for Resident #06 does not provide clear direction to staff related to the responsive behaviour of not being able to locate the bathroom when required and outlining individualized toileting times.

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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :** Oct 31, 2013



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

Linked to Existing Order /
Lien vers ordre existant: 2013_031194_0019, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee shall ensure the implementation of the infection control program and practises by:

- Monitoring staff practises during the administration of medication/treatments to prevent the transmission of infection and
- Ensuring that all staff demonstrate the proper hand hygiene and appropriate use of disposable gloves.

Grounds / Motifs :

1. This non compliance was previously issued as a Compliance Order on June 19, 2013 under inspection #2013_196157-0015 and July 25, 2013 under inspection #2013_031194_0019 with a compliance date of September 30, 2013.

Unit Manager (UM) # 1 confirmed that the home has completed mandatory education for staff in June 2013 related to infection control. Interview with staff # 119 (staffing clerk) confirmed that 59 staff members had yet to complete the mandatory infection control education. Hand washing audits were completed in the home on July 29 and 30, 2013. The results of the audits identified the areas in which improvement was required. UM#1 was unable to provide evidence to support that any action had been taken related to outcome of audits, at this time.

RPN#5 was observed on the unit during a medication pass. The inspector observed the administration of medication/treatments to three residents by the registered staff without proper hand hygiene between treatments.

-Resident # 8 was observed at the med cart with the RPN. The RPN administered sub cutaneous injection to the resident, then documented in the computer the treatment,



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-Resident # 9 was observed coming towards the medication cart, the RPN administered eye drops bilaterally for the resident, then documented the treatment in the computer.

-The RPN was observed going into resident # 10's room, provide a treatment and administer a sub cutaneous injection. The RPN returned to the medication cart and documented her actions.

-No hand hygiene was observed , RPN confirmed that she had forgotten.

-PSW #4 was observed by the tub room wearing gloves and holding keys. When the inspector questioned the staff about wearing gloves, the inspector was informed that the staff had just finished stripping a bed and putting the laundry in the hamper at the end of the hall. The staff stated that the gloves should have been removed, once the laundry was deposited.

RPN#2 was observed in the hallway in the providing a treatment then addressing a gentleman standing, waiting for a medication. RPN#2 went into medication room, removed the medication from the medication cart and handed it to the gentleman, without proper hand hygiene. She stated that she should have washed her hands after the treatment.

(194)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 01, 2013



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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
Long-Term Care

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

Ministère de la Santé et
des Soins de longue durée

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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

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

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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

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

Issued on this 17th day of October, 2013

Signature of Inspector /

Signature de l'inspecteur : *Chantal Lafreniere (194)*

Name of Inspector /

Nom de l'inspecteur : Chantal Lafreniere

Service Area Office /

Bureau régional de services : Ottawa Service Area Office