

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 18, 2019	2019_695156_0006	020131-19, 022007-19	Complaint

Licensee/Titulaire de permis

The Regional Municipality of Halton
1151 Bronte Road OAKVILLE ON L6M 3L1

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

Creek Way Village
5200 Corporate Drive BURLINGTON ON L7L 7G7

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

CAROL POLCZ (156), LESLEY EDWARDS (506)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 4, 5, 6, 12, 18, 19, 20, 21, 25, 26, 27, 28, 29, December 3, 4, 5, 2019.

This inspection was completed simultaneously with complaint inspection CIS inspection 2019_695156_0007 / 019951-19.

PLEASE NOTE: A Written Notification (WN) and Compliance Order related to LTCHA, 2007, O. Reg. 79/10, s. 8 (1) b), identified in a concurrent inspection #2019_695156_0007 (Log #019951-19) and WN, Voluntary Plan of Correction related to O. Reg. 79/10, s. 27 (a) were issued in this report.

During the course of the inspection, the inspector(s) spoke with Administrator, Acting Senior Nursing Manager, Assistant Director of Care #2, Acting Manager of Resident Care, social worker, Registered Dietitian (RD), physician, Occupational Therapist (OT), maintenance staff, registered staff (registered nurses and registered practical nurses), personal support workers (PSW's), residents and family members.

During the course of the inspection, the inspector(s) completed observations of the provision of care, medication administration, dining services, resident programs and the homes environment. Inspector(s) reviewed resident clinical records including resident plans of care, policies and procedures, internal investigation notes, quality and improvement systems, and staff training records.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Reporting and Complaints**

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

4 WN(s)

3 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order AMP – Administrative Monetary Penalty</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 AMP – Administrative Monetary Penalty</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>AMP (s) may be issued under section 156.1 of the LTCHA</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> <p>AMP (s) may be issued under section 156.1 of the LTCHA</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that where the Act or this Regulation required the licensee to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was complied with.

In accordance with O. Reg 79/10, s. 30(1) the licensee was required to have an organized program for each of the interdisciplinary programs under section 48 of this regulation, which included a fall prevention and management program, and was required to have relevant policies, procedures and protocols for the program.

Specifically, staff did not comply with the licensee's policy:

The home's policy number 19-01-01 Falls prevention and management defined a fall as any unintentional change in position where the resident ends up on the floor, ground or other lower level; includes witness and unwitnessed falls and included whether there was an injury or not.

The policy directed registered staff to head-to-toe assessment including range of movement, pain, bruises, lacerations, difficulty weight bearing, head injury; vital signs and mental/neurological status; musculoskeletal assessment, leg weakness, foot problems; assess degree of injury if any noted; complete pain assessment utilizing the PAIDAD pain scale, attend to any care requirements such as wound dressings, analgesics, initiate head injury routine (HIR) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury or if the resident is on anticoagulant therapy, notify the attending physician/NP if injury or if resident requires hospitalization, notify the substitute decision maker (SDM) if applicable of the fall including details of the injuries sustained, if any, current status of the resident and interventions to prevent re-occurrence

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of falls, complete risk management in the electronic health record, including the staff's description of the incident; the resident's witnesses description of the incident; all factors that contributed to the fall, including position from which the fall occurred/what position the resident was found in; injuries sustained or symptoms prior to the fall; vital signs (including an assessment of mental status post fall); document notification of physician/NP and SDM (if applicable); summary note of incident

The home submitted Critical Incident (CI) #M623-000015-19 to the Director, which identified that an identified date, PSW #117 was completing rounds and noted resident #002 had an unwitnessed fall. Interview with staff and review of plan of care confirmed that registered staff failed to complete any actions identified in the policy as above with respect to resident #002 at the time of the fall.

Please note this area of non-compliance was issued regarding CIS inspection 2019_695156_0007 / 019951-19 which was conducted simultaneously.

2. In accordance with O. Reg 79/10, s. 86 (1) the licensee was required to have an infection prevention and control program for the home.

Specifically, staff did not comply with the licensee's policy:

The home's policy number IPC 03-01-01 Infection Prevention and Control program: surveillance indicated that staff were to monitor and take immediate action when symptoms indicating the presence of infections were noted. They were to report on the 24-hour shift report residents with symptoms of infection and must notify the nurse in charge of any new residents with infectious symptoms. The policy directed the registered staff to record symptoms of infections in progress notes (infection note) and complete an infection control assessment when an infection had been identified.

A review of the clinical record for resident #001 indicated that in September 2019, the resident was exhibiting symptoms of infection and placed on additional precautions. The resident remained on additional precautions until they sustained a fall and was transferred to hospital several days later.

Interview with ADOC #2, reported that the expectation would be that the registered staff complete the assessment at the time of the initial symptoms.; however, review of the plan of care did not include the infection control assessment until after the fall. ADOC #2 confirmed that the policy regarding the completion of the infection control assessment

was not complied with. [s. 8. (1) (b)]

Additional Required Actions:

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

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

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee failed to ensure that the resident, the SDM, and the designate of the resident / SDM had been provided the opportunity to participate fully in the development and implementation of the plan of care.

Log # 020131-19 was submitted to Ministry of Long-Term Care (MOLTC). Resident#001 was admitted to the home in 2013.

i) According to the RAI/MDS assessments, the last annual assessment under section A, Identification and background tab, under 11. Decision maker, for personal care indicated 2. Other. Interview with RN #110 on who completed that annual assessment, identified that "other" meant someone other than the resident, in this case. A review of the history for this entry revealed that "other" was always checked off on multiple assessments since admission.

ii) A review of the clinical record identified a document indicating that the resident had specific therapeutic care measures. This form was signed by the resident on admission. The next two signatures, were signed by her the substitute decision maker (SDM) in 2014 and 2016. There was no other documentation indicating that the form had been reviewed since that time.

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iii) On an identified day in September 2019, progress notes written by registered staff #114 indicated that the resident stated that they were not feeling well, the resident had symptoms of infection, and was placed on additional precautions. Interview with staff #114 reported that they did not call the resident's family regarding the isolation or change in their health condition.

iv) Staff interviews confirmed that although the resident could make some care decisions, the POA should have been informed of the change in the resident's condition and the resident being put into isolation.

The licensee failed to ensure that the SDM, had been provided the opportunity to participate fully in the development and implementation of the plan of care. [s. 6. (5)]

2. The licensee failed to ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker were given the opportunity to participate fully in the development and implementation of the resident's plan of care.

A compliant was received by the MOLTC, regarding resident #003's medications and blood work monitoring at the home.

A review of the clinical record for resident #003 identified that the resident recently had been having their blood work completed more frequently as ordered by the physician. The resident's physician re-assessed the resident and ordered a change to medication. Review of the plan of care did not include documentation that the SDM was notified of the change in the medication. This was after the medication had already been decreased and administered for 48 hours and they were not given the opportunity to participate fully in the development and implementation of the resident #003's plan of care. This was confirmed with the Acting Senior Nursing Manger.

The licensee failed to ensure that the resident's SDM were given the opportunity to participate fully in the development and implementation of resident #003's plan of care. [s. 6. (5)]

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 resident, the SDM, and the designate of the resident / SDM have provided the opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference

Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,**
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).**
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).**
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).**

Findings/Faits saillants :

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1. The licensee failed to ensure that a care conference of the interdisciplinary team providing a resident's care was held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker.

A) Resident #001 was admitted to the home in 2013. A review of the resident's clinical record indicated that the last annual care conference was in 2016. Interview with the acting Manager of Resident Care confirmed that the resident had not had an annual care conference at least annually to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker for 2017, 2018 or 2019.

B) Resident #002 was admitted to the home in 2018. A review of the resident's clinical record and interview with the Acting Senior Nursing Manager confirmed that a care conference was not held within six weeks following the resident's admission. The home failed to ensure that a care conference of the interdisciplinary team providing a resident's care was held within six weeks following the resident's admission.

Please note this area of non-compliance was issued regarding CIS inspection 2019_695156_0007 / 019951-19 which was conducted simultaneously. [s. 27. (1) (a)]

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 a care conference of the interdisciplinary team providing a resident's care was held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, to be implemented voluntarily.

WN #4: 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. (2) The licensee shall ensure,
(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).**

**s. 229. (5) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written record of the annual Infection Prevention and Control program evaluation kept that included the date of the evaluation, the names of the persons who participated, a summary of the changes made, and the date those changes were implemented.

On December 12, 2019, the Acting Senior Nursing Manager confirmed that the home failed to ensure that there was a written record of the annual Infection Prevention and Control program evaluation kept that included the date of the evaluation, the names of the persons who participated, a summary of the changes made, and the date those changes were implemented. [s. 229. (2) (e)]

2. The licensee failed to ensure that staff on every shift recorded symptoms of infection in residents and immediate action was taken as required.

in September 2019, progress notes indicated that resident #001 was exhibiting symptoms of infection . The resident remained in isolation until they sustained a fall and was transferred to hospital several days later. Symptoms of infection were not found to be recorded on all shifts. as confirmed with the Acting Manager of Resident Care. [s. 229. (5) (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 that staff on every shift record symptoms of infection in residents and immediate action is taken as required, to be implemented voluntarily.

Issued on this 14th day of January, 2020

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

Order(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 Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROL POLCZ (156), LESLEY EDWARDS (506)

Inspection No. /

No de l'inspection : 2019_695156_0006

Log No. /

Registre no: 020131-19, 022007-19

Type of Inspection /

Genre

d'inspection:

Complaint

Report Date(s) /

Date(s) du Rapport : Dec 18, 2019

Licensee /

Titulaire de permis : The Regional Municipality of Halton
1151 Bronte Road, OAKVILLE, ON, L6M-3L1

LTC Home /

Foyer de SLD : Creek Way Village
5200 Corporate Drive, BURLINGTON, ON, L7L-7G7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Marg Pattillo

To The Regional Municipality of Halton, 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

Order(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 # /**No d'ordre : 001****Order Type /****Genre d'ordre : Compliance Orders, s. 153. (1) (a)****Pursuant to / Aux termes de :**

O.Reg 79/10, 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

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must be compliant with O. Reg 79/10, s. 8 (1) b).

Specifically, the licensee must ensure :

1. Registered staff #118 and all other registered staff comply with all steps identified in the Falls Prevention and Management policy.

2. All staff complete the infection control assessment at the time an infection is identified.

3. Re-train registered staff #118 in relation to the Falls Prevention and Management policy and re-train all registered staff in relation to the Infection Control policy, in reference to the completion of the infection control assessment.

All documentation related to the content of the training program and attendance at this program is to be maintained by the home.

4. Develop and implement an auditing/monitoring tool to ensure the above noted policies and procedures are complied with.

Grounds / Motifs :

1. 1. The licensee failed to ensure that where the Act or this Regulation required the licensee to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was complied with.

In accordance with O. Reg 79/10, s. 30(1) the licensee was required to have an

Order(s) of the Inspector

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organized program for each of the interdisciplinary programs under section 48 of this regulation, which included a fall prevention and management program, and was required to have relevant policies, procedures and protocols for the program.

Specifically, staff did not comply with the licensee's policy:

The home's policy number 19-01-01 Falls prevention and management defined a fall as any unintentional change in position where the resident ends up on the floor, ground or other lower level; includes witness and unwitnessed falls and included whether there was an injury or not.

The policy directed registered staff to head-to-toe assessment including range of movement, pain, bruises, lacerations, difficulty weight bearing, head injury; vital signs and mental/neurological status; musculoskeletal assessment, leg weakness, foot problems; assess degree of injury if any noted; complete pain assessment utilizing the PAIDAD pain scale, attend to any care requirements such as wound dressings, analgesics, initiate head injury routine (HIR) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury or if the resident is on anticoagulant therapy, notify the attending physician/NP if injury or if resident requires hospitalization, notify the substitute decision maker (SDM) if applicable of the fall including details of the injuries sustained, if any, current status of the resident and interventions to prevent re-occurrence of falls, complete risk management in the electronic health record, including the staff's description of the incident; the resident's witnesses description of the incident; all factors that contributed to the fall, including position from which the fall occurred/what position the resident was found in; injuries sustained or symptoms prior to the fall; vital signs (including an assessment of mental status post fall); document notification of physician/NP and SDM (if applicable); summary note of incident

The home submitted Critical Incident (CI) #M623-000015-19 to the Director, which identified that on an identified date, PSW #117 was completing rounds and noted resident #002 had an unwitnessed fall. Interview with staff and review of plan of care confirmed that registered staff failed to complete any actions identified in the policy as above with respect to resident #002 at the time of the fall.

Please note this area of non-compliance was issued regarding CIS inspection 2019_695156_0007 / 019951-19 which was conducted simultaneously.

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

Order(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

2. In accordance with O. Reg 79/10, s. 86 (1) the licensee was required to have an infection prevention and control program for the home.

Specifically, staff did not comply with the licensee's policy:

The home's policy number IPC 03-01-01 Infection Prevention and Control program: surveillance indicated that staff were to monitor and take immediate action when symptoms indicating the presence of infections were noted. They were to report on the 24-hour shift report residents with symptoms of infection and must notify the nurse in charge of any new residents with infectious symptoms. The policy directed the registered staff to record symptoms of infections in progress notes (infection note) and complete an infection control assessment when an infection had been identified.

A review of the clinical record for resident #001 indicated that in September 2019, the resident was exhibiting symptoms of infection and placed on additional precautions. The resident remained on additional precautions until they sustained a fall and was transferred to hospital several days later.

Interview with ADOC #2, reported that the expectation would be that the registered staff complete the assessment at the time of the initial symptoms.; however, review of the plan of care did not include the infection control assessment until after the fall. ADOC #2 confirmed that the policy regarding the completion of the infection control assessment was not complied with. [s. 8. (1) (b)]

The severity of the issue was determined to be a level 3 actual harm to the resident. The scope of the issue was determined to be a level 2 as it was a pattern. The home had a level 2 history with one or more non-compliance in the last 36 months. (156)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 30, 2020

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

Order(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
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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

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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
Long-Term Care Inspections Branch
Ministry of 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

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

Order(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 du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 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.

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

Order(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 du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 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 18th day of December, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : CAROL POLCZ

Service Area Office /

Bureau régional de services : Hamilton Service Area Office