



**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 prévue
le Loi de 2007 les foyers de
soins de longue durée**

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

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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
May 26, 2017;	2017_538144_0009 (A1)	002195-17, 002373-17	Complaint

Licensee/Titulaire de permis

Schlegel Villages Inc
325 Max Becker Drive Suite 201 KITCHENER ON N2E 4H5

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

THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue LONDON ON N6L 0B6

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

CAROLEE MILLINER (144) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

**The order compliance date was changed at the request of the home
Administrator to June 19, 2017.**



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Issued on this 26 day of May 2017 (A1)

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

Original report signed by the inspector.



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

This inspection was conducted on the following date(s): January 31, February 1 and 2, 2017

Inspectors Donna Tierney (569), Debra Churcher (670) and Tracy Richardson (680) were also present for this inspection.

Complaint inspection, 002195-17 is related to skin and wound care.

This complaint inspection was completed concurrently with critical incident intake 002373-17, 2979-000007-17 related to skin and wound care, continence care and bowel management.

During the course of the inspection, the inspector(s) spoke with two residents, the Coroner, General Manager, Director of Care (DOC), Assistant Director of Care (ADOC), two Registered Practical Nurses (RPN), two Personal Support Workers (PSW) and one Neighborhood Coordinator.

During the course of the inspection, the inspector(s) reviewed three resident clinical records, one resident/family concern response form, the home's Contact Precautions and Skin and Wound Care Program policies and observed one resident wound treatment procedure.

The following Inspection Protocols were used during this inspection:



Contenance Care and Bowel Management

Infection Prevention and Control

Skin and Wound Care

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
O. Reg. 79/10, s. 50 (2).

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from hospital.

The home's Skin and Wound Care Program Policy last reviewed December 8, 2016, directed registered staff to complete a skin assessment for a resident on return from hospital.

The resident's clinical record showed the resident exhibited altered skin integrity and was not assessed by a member of the registered nursing staff in accordance



with the home's Skin and Wound Care Program Policy.

The DOC acknowledged that a skin assessment was not completed for the resident and that the registered staff on the night and day shift on the identified date should have assessed the resident's skin integrity.

The licensee failed to ensure that a resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from hospital.

2. The licensee failed to ensure that a resident exhibiting altered skin integrity including pressure ulcers, was reassessed at least weekly by a member of the registered nursing staff.

The home's Skin and Wound Care Program Policy last reviewed December 8, 2016, directed registered staff to assess residents with altered skin integrity including wounds, weekly.

The clinical record review for a resident showed that the resident's skin integrity was impaired and that weekly wound reassessments were not completed by a member of the registered nursing staff during ten identified weeks.

The DOC stated that the home's skin and wound policy says that residents with impaired skin integrity would receive a weekly wound assessment by a member of the registered staff and that this identified resident's wounds were not assessed weekly as required.

The licensee failed to ensure that a resident exhibiting altered skin integrity including pressure ulcers, was reassessed at least weekly by a member of the registered nursing staff.

The severity of this issue was determined to be level 3 with actual risk/harm. The scope of this issue was isolated during the course of this inspection. The home has a history of non-compliance with this section of the regulation as it was previously issued as a Voluntary Plan of Correction (VPC) with the March 14, 2016, Resident Quality Inspection. [s. 50. (2) (a) (ii)]



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Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

**WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care
Specifically failed to comply with the following:**

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :



1. The licensee has failed to ensure that the provision of care set out in the plan of care was documented.

The clinical record review for a resident included identification of impaired skin integrity.

One identified resident told the Inspector that staff provided a specific type of care to them according to their care plan and on request. Two PSW's were observed by the Inspector on two occasions during the inspection, providing the required care to the resident.

A second resident told the Inspector that staff provided the same type of care to them according to their care plan. Two PSW's were observed by the Inspector on one occasion during the inspection, providing the required care to the second resident.

One PSW acknowledged that the above identified residents were provided the required care according to their plan of care and that their clinical records should be signed each time the care was provided.

On review of the two identified clinical records, the records showed that during one identified month, there were several intervals where the care provided was not documented.

The DOC said it was their expectation that nursing staff record all care provided to each resident including the care provided to the above two identified residents.

The licensee has failed to ensure that the provision of care set out in the plan of care is documented.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm/risk. The scope of the issue was a pattern during the course of this inspection.

There was no history of related non-compliance with this section of the legislation.
[s. 6. (9) 1.]



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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 provision of care set out in the plan of care is documented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that a resident was not neglected by the licensee or staff.

For the purposes of the Act "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

The clinical record for an identified resident during a specific period of time did not include documentation showing that the resident's change in health status had been reported to the Physician or Nurse Practitioner (NP) in their absence and that interventions had been initiated.

The DOC acknowledged that it was their expectation that registered staff would have considered a nursing intervention for the resident and contacted the Physician or NP in the physician's absence to report the resident's change in health status.

The licensee failed to ensure that a resident was not neglected by the licensee or staff.

The severity of the issue was determined to be level 3 with actual risk or harm. During the inspection, the scope of this issue was isolated.

The home has a history of non-compliance with this section of the legislation as it was previously issued as a Voluntary Plan of Correction (VPC) with the March 14, 2016, Resident Quality Inspection. [s. 19. (1)]

Additional Required Actions:



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Long-Term Care

Ministère de la Santé et des
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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 one resident was not neglected by the licensee or staff, 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. (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 :



1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

The home's Contact Precautions Policy dated January 9, 2015, directs personnel to complete the four moments of hand hygiene and to wear gloves and gowns if contamination or soiling by body fluids is likely.

Review of the clinical record for an identified resident included that the resident had impaired skin integrity.

On one identified date, three Inspectors observed the provision of care to the resident. The observation concluded that appropriate infection prevention and control techniques were not used.

The DOC acknowledged that it was their expectation that when specific infection control precautions were in place, staff coming into contact with the resident would follow the identified infection prevention and control practices.

The licensee failed to ensure that staff participate in the implementation of the infection prevention and control program.

The severity level of this issue was determined to be level 2 as there was minimal harm or potential for actual harm/risk. The scope of this issue was isolated during the course of this inspection.

There was no history of related non-compliance with this section of the regulation.
[s. 229. (4)]

Additional Required Actions:



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***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 participate in the implementation of
the infection prevention and control program, to be implemented voluntarily.***



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Issued on this 26 day of May 2017 (A1)

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

Original report signed by the inspector.



**Ministry of Health and
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Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROLEE MILLINER (144) - (A1)

Inspection No. /

No de l'inspection : 2017_538144_0009 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 002195-17, 002373-17 (A1)

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : May 26, 2017;(A1)

Licensee /

Titulaire de permis : Schlegel Villages Inc
325 Max Becker Drive, Suite 201, KITCHENER, ON,
N2E-4H5

LTC Home /

Foyer de SLD : THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue, LONDON, ON, N6L-0B6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Laurie Schneider



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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section 154 of the Long-Term
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2007, c. 8

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O. 2007, chap. 8

To Schlegel Villages Inc, you are hereby required to comply with the following order(s)
by the date(s) set out below:

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :



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2007, c. 8

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O. 2007, chap. 8

The licensee will initiate strategies that will include but are not limited to ensuring:

- a) strategies are developed to ensure residents at risk of altered skin integrity receive a skin assessment by a member of the registered staff upon any return from hospital
- b) that residents exhibiting altered skin integrity including pressure ulcers are reassessed at least weekly by a member of the registered nursing staff.

Grounds / Motifs :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from hospital.

The home's Skin and Wound Care Program Policy last reviewed December 8, 2016, directed registered staff to complete a skin assessment for a resident on return from hospital.

The resident's clinical record showed the resident exhibited altered skin integrity and was not assessed by a member of the registered nursing staff in accordance with the home's Skin and Wound Care Program Policy.

The DOC acknowledged that a skin assessment was not completed for the resident and that the registered staff on the night and day shift on the identified date should have assessed the resident's skin integrity.

The licensee failed to ensure that a resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon return from hospital.

(144)



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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2007, c. 8

Aux termes de l'article 153 et/ou de
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2. The licensee failed to ensure that a resident exhibiting altered skin integrity including pressure ulcers, was reassessed at least weekly by a member of the registered nursing staff.

The home's Skin and Wound Care Program Policy last reviewed December 8, 2016, directed registered staff to assess residents with altered skin integrity including wounds, weekly.

The clinical record review for a resident showed that the resident's skin integrity was impaired and that weekly wound reassessments were not completed by a member of the registered nursing staff during ten identified weeks.

The DOC stated that the home's skin and wound policy says that residents with impaired skin integrity would receive a weekly wound assessment by a member of the registered staff and that this identified resident's wounds were not assessed weekly as required.

The licensee failed to ensure that a resident exhibiting altered skin integrity including pressure ulcers, was reassessed at least weekly by a member of the registered nursing staff.

The severity of this issue was determined to be level 3 with actual harm/risk. The scope of this issue was isolated throughout the course of this inspection. The home has a history of non-compliance with this section of the regulation as it was previously issued as a Voluntary Plan of Correction (VPC) with the March 14, 2016, Resident Quality Inspection. [s. 50. (2) (b) (iv)] (144)

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

Jun 19, 2017(A1)



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Order(s) of the Inspector

Pursuant to section 153 and/or
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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
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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



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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

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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

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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.

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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.

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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 26 day of May 2017 (A1)

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

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

CAROLEE MILLINER

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

London