

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

Rapport d'inspection prévue
sous *la Loi de 2007 sur les
foyers de soins de longue
durée*

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

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

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
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Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Oct 04, 2019	2019_595110_0006 (A1)	016877-19, 017312-19, 017378-19	Complaint

Licensee/Titulaire de permis

City of Toronto
c/o Seniors Services and Long-Term Care 365 Bloor Street East, 15th Floor
TORONTO ON M4W 3L4

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

Seven Oaks
9 Neilson Road SCARBOROUGH ON M1E 5E1

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

Amended by DIANE BROWN (110) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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Extension to compliance order granted.

Issued on this 4 th day of October, 2019 (A1)

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

Original report signed by the inspector.

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*the Long-Term Care
Homes Act, 2007***

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

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Seven Oaks
9 Neilson Road SCARBOROUGH ON M1E 5E1

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

Amended by DIANE BROWN (110) - (A1)

Amended 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): September 11(PM),
12(AM) and 13, 2019.**

**The purpose of this complaint inspection was the withhold applicant's approval
for admission to Seven Oaks.**

**During the course of the inspection, the inspector(s) spoke with Administrator,
Assistant Administrator, Senior Manager Central East LHIN, Acting Nurse
Manager, Resident Services Manager, Registered Nurse-BSO, Interim Director of
Nursing.**

**The following Inspection Protocols were used during this inspection:
Admission and Discharge**

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

1 WN(s)

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

- s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**
- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**
 - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

Findings/Faits saillants :

1. The licensee has failed to comply with section 44(7) of the LTCHA, whereby the licensee denied the application for admission of applicants #001 and #002 for reasons other than provided for in the LTCHA.

This inspection was initiated related to three complaints received by the Ministry of Long-Term Care. Complaint log #017378-19 and log #017312-19 related to applicant #001's admission withholding and complaint log #016877-19 related to applicant #002's admission withholding.

On an identified date, a letter was written to applicant #001 from Seven Oaks Administrator #101 stating the withholding of approval of admission to the LTC home. The reasons for withholding approval were outlined in the letter and included reference to the applicant's history and available documentation of responsive behaviors. The Administrator stated the lack of nursing expertise specific to the presence of high risk for injury to others and evidence of ineffective coping. The letter further stated that the applicant was suited to a secured unit and with the identified behaviors would be a trigger to other residents and therefore the home was unable to provide the physical facilities to meet the applicant's care requirements.

A record review of applicant #001's admission application was completed. Within the application a review was completed of the Central East Local Health Integration Network (LHIN) Placement Services Behavioral Assessment Tool. The assessment identified resident #001's responsive behaviors. The assessment tool included identified triggers and current effective interventions for many of the identified responsive behaviors.

The Inspector reviewed the Seven Oak Behavioral Support Outreach (BSO) team 2018 'Home's Annual Program Evaluation Report'. The report identified the Program/Service purpose which stated the Long Term Care Behavioral Support Outreach Team (LTC BSOT) is a specialized team comprised of trained registered practical nurses and personal support workers helping seniors with unmanageable behaviors who are living in long-term care homes. The evaluation did not identify any other additional training needs for direct care staff to manage residents with responsive behaviors.

A telephone interview was held with Senior Manager of the Central East LHIN

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#100 who identified that applicant #001's admission to Seven Oaks LTC was wrongly withheld related to the applicant's responsive behaviors and the behaviors of other residents within the secured unit. The Manager identified that the home has behavioral supports in place; a BSO-RPN and PCA/PSWs in the home along with two BSO leads and access to psycho geriatric resource consultants. Manager #100 revealed the LTC home has access to professionals and interventions are evidence based and that resident #001 has been accepted to other LTC homes.

An interview with the home's Manager of Resident Services #105 identified the home's process of approving or denying admission was a team approach. The Manager shared the home's internal tool entitled 'Admission Committee/Permanent Form'. The form for applicant #001 identified comments by the Manager of Resident Services including a comment for 'nursing to review'. Documentation from the interim DON #106 on the identified form stated "reject related to an identified behavior.

An interview with the interim DON #016 confirmed they had assessed resident #001's application and determined that the resident's application was denied based on an identified responsive behavior. The interim DON revealed that in this case nursing expertise would not be lacking and further identified the physical facilities would not be lacking in meeting this applicant's needs.

The interim DON shared that staff were provided annual mandatory training each year in the areas of behavior management. A review of the 2019 'Annual Mandatory Staff Education Calendar' identified an education topic on 'Mental Health' in November and 'Behavior Management Training' in December.

On an identified date a letter was written to applicant #002 from Seven Oaks Administrator #101 stating the withholding of approval of admission to the LTC home. The reasons for withholding approval were outlined in the letter and included reference to the applicant's history and available documentation. The letter stated that the applicant had identified responsive behaviors.

A record review of applicant #002's admission application was completed. Within the application a review of the Central East LHIN Placement Services Behavioral Assessment Tool was completed. The assessment identified resident #002's responsive behaviors including identified triggers and current effective interventions.

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A telephone interview was held with Senior Manager of the Central East LHIN #100 who identified that applicant #002's admission to Seven Oaks LTC was wrongly withheld related to the applicant's responsive behaviors. The manager further stated that applicant #002 had been accepted to other LTC homes.

An interview with RPN-BSO #104 identified the home does have a Responsive Behavior Program. When identifying the types of behaviors that were managed in the program, the RPN-BSO shared any and all with a specific focus on behaviors related to dementia. The RPN shared they do have outside professional resources, like the Geriatric Mental Health Outreach Team (GMHOT) to assist the home in developing care plans to manage resident behaviours. The RPN shared that the home's responsive behavior program could manage applicant #001's and #002's responsive behaviours but that it was the time that it takes for the resident to be managed that could pose a risk to other residents.

The RPN-BSO shared that PSW and registered staff continue to be trained in Gentle Persuasive Approach (GPA) which includes management techniques for mental health issues in those residents with dementia and it includes responsive behaviors. Further, the staff shared that the home was also trying to get housekeeping and dietary trained as well.

An interview with Administrator #101 confirmed that client #001's application for admission had been withheld by the home. The Administrator stated it was related to the applicant's identified responsive behaviors and that the nurses were not equipped to handle or experts in these behaviors. The Administrator stated they did not have 1:1 staffing for close observations and that applicant #001's admission could not ensure the safety of the other residents. The interview further revealed that client #002's application had also been withheld related to the applicant's mental health. The administrator stated that nursing staff are not experts in mental health and that a 15 minute mandatory in-service course does not make nursing staff experts.

The licensee failed to approve the applications for admission of applicants #001 and #002 for reasons other than provided for in the LTCHA. [s. 44. (7)]

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

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 the licensee shall cease the practice of withholding an applicant's approval for reasons other than provided for in the LTCHA., to be implemented voluntarily.

Issued on this 4 th day of October, 2019 (A1)

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

Original report signed by the inspector.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Long-Term Care Homes Division
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longue durée
Inspection de soins de longue durée

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by DIANE BROWN (110) - (A1)

**Inspection No. /
No de l'inspection :** 2019_595110_0006 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 016877-19, 017312-19, 017378-19 (A1)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** Oct 04, 2019(A1)

**Licensee /
Titulaire de permis :** City of Toronto
c/o Seniors Services and Long-Term Care, 365
Bloor Street East, 15th Floor, TORONTO, ON,
M4W-3L4

**LTC Home /
Foyer de SLD :** Seven Oaks
9 Neilson Road, SCARBOROUGH, ON, M1E-5E1

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Peter Puiatti

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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Order / Ordre :

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

1. The licensee must be compliant with s. 44(7) of the LTCHA.
2. The home shall cease the practice of withholding an applicant's approval unless:
 - (a) the home lacks the physical facilities necessary to meet the applicant's care requirements;
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or
 - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44(7).
3. The licensee shall immediately contact the appropriate placement coordinator at the Central East LHIN to request the most recent assessments for applicants #001 and #002 if the applicants are still choosing Seven Oaks.
4. The licensee shall accept applicant #001 and #002 unless as specified by this legislation.

Grounds / Motifs :

1. The licensee has failed to comply with section 44(7) of the LTCHA, whereby the licensee denied the application for admission of applicants #001 and #002 for reasons other than provided for in the LTCHA.

This inspection was initiated related to three complaints received by the Ministry of Long-Term Care. Complaint log #017378-19 and log #017312-19 related to applicant #001's admission withholding and complaint log #016877-19 related to applicant #002's admission withholding.

On August 20, 2019, a letter was written to applicant #001 from Seven Oaks Administrator #101 stating the withholding of approval of admission to the LTC home. The reasons for withholding approval were outlined in the letter and included reference to the applicant's history and available documentation. The letter stated the applicant was described as verbally and physically aggressive had experienced bursts of anger when frustrated, delusions and required close observation. The Administrator stated the lack of nursing expertise specific to the presence of high risk

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Ordre(s) de l'inspecteur

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

for injury to others and evidence of ineffective coping. The letter further stated that the applicant was suited to a secured unit and with the identified behaviors would be a trigger to other residents and therefore the home was unable to provide the physical facilities to meet the applicant's care requirements.

A record review of applicant #001's admission application was completed. The resident's disease diagnosis included vascular dementia. Within the application a review was completed of the Central East Local Health Integration Network (LHIN) Placement Services Behavioral Assessment Tool dated August 22, 2019. The assessment identified resident #001's behaviors which included wandering, verbal and physical responsive behaviors, agitated behaviors, delusions, resistive to care, low mood/depressed behaviors as well as suicidal behaviors. The assessment tool included identified triggers and current effective interventions for all behaviors with the exception of suicidal behaviors.

The inspector reviewed the Seven Oak Behavioral Support Outreach (BSO) team 2018 'Home's Annual Program Evaluation Report'. The report identified the Program/Service purpose which stated the Long Term Care Behavioral Support Outreach Team (LTC BSOT) is a specialized team comprised of trained registered practical nurses and personal support workers helping seniors with unmanageable behaviors who are living in long-term care homes. The evaluation did not identify any other additional training needs for direct care staff to manage residents with responsive behaviors.

A telephone interview was held with Senior Manager of the Central East LHIN #100 who identified that applicant #001's admission to Seven Oaks LTC was wrongly withheld related to the applicant's behaviors and the behaviors of other residents within the secured unit. The Manager identified that the home has behavioral supports in place; a BSO-RPN and PCA/PSWs in the home along with two BSO leads and access to psycho geriatric resource consultants. Manager #100 revealed the LTC home has access to professionals and interventions are evidence based and that resident #001 has been accepted to other LTC homes.

An interview with the home's Manager of Resident Services #105 identified the home's process of approving or denying admission was a team approach. The Manager shared the home's internal tool entitled 'Admission Committee/Permanent Form'. The form for applicant #001 identified comments by the Manager of Resident

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Ordre(s) de l'inspecteur

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

Services including a comment for 'nursing to review'. Documentation from the Interim DON #106 on the identified form stated "reject physically aggressive".

An interview with the interim DON #016 confirmed that they had assessed resident #001's application and determined that the resident was physically aggressive. The interim DON revealed that in this case nursing expertise would not be lacking and further identified the physical facilities would not be lacking in meeting this applicant's needs.

The interim DON shared that staff are provided annual mandatory training each year in the areas of behavior management. A review of the 2019 'Annual Mandatory Staff Education Calendar' identified an education topic on 'Mental Health' in November and 'Behavior Management' and 'Suicide Prevention' in December.

On August 26, 2019 a letter was written to applicant #002 from Seven Oaks Administrator #101 stating the withholding of approval of admission to the LTC home. The reasons for withholding approval were outlined in the letter and included reference to the applicant's history and available documentation. The letter stated that the applicant had expressed a suicidal desire, had visual hallucinations, made sexually inappropriate comments to staff and can not be left alone.

A record review of applicant #002's admission application was completed. The resident's disease diagnosis included dementia. Within the application a review of the Central East LHIN Placement Services Behavioral Assessment Tool dated August 26, 2019 was completed. The assessment identified resident #002's behaviors which included wandering, hoarding, verbal and physical responsive behaviors, agitated behaviors, delusions, hallucinations, resistive to care, low mood/depressed behavior, sexual behaviors and suicidal behaviors. The assessment tool included identified triggers and current effective interventions.

A telephone interview was held with Senior Manager of the Central East LHIN #100 who identified that applicant #002's admission to Seven Oaks LTC was wrongly withheld related to the applicant's responsive behaviors. The manager further stated that applicant #002 had been accepted to other LTC homes.

An interview with RPN-BSO #104 identified that the home does have a Responsive

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Behavior Program. When identifying the types of behaviors that were managed in the program, the RPN-BSO shared any and all with a specific focus on behaviors related to dementia. The responsive behaviors identified were wandering, medication refusal, refusal of care, depression, sadness, cognitive decline, exit seeking, verbal and physical aggression, sexual inappropriateness. The RPN shared they do have outside professional resources, like the Geriatric Mental Health Outreach Team (GMHOT) to assist the home in developing care plans to manage resident behaviours. The RPN shared that the home's responsive behavior program could manage applicant #001's and #002's responsive behaviours but that it was the time that it takes for the resident to be managed that could pose a risk to other residents.

The RPN-BSO shared that PSW and registered staff continue to be trained in Gentle Persuasive Approach (GPA) which includes management techniques for mental health issues in those residents with dementia and it includes responsive behaviors. Further, the staff shared that the home was also trying to get housekeeping and dietary trained as well.

An interview with Administrator #101 confirmed that client #001's application for admission had been withheld by the home. The Administrator stated it was related to the applicant's aggressive behaviors, delusions, underlying mental health issues, verbal and physical aggression and that the nurses were not equipped to handle or experts in these behaviors. The administrator stated they did not have 1:1 staffing for close observations and that applicant #001 admission could not ensure the safety of the other residents. The interview further revealed that client #002's application had also been withheld related to the applicant's mental health. The administrator stated that nursing staff are not experts in suicidal behaviors and mental health and that a 15 minute mandatory inservice course does not make nursing staff experts.

The licensee failed to approve the applications for admission of applicants #001 and #002 for reasons other than provided for in the LTCHA.

The severity of this issue was determined to be a level 1 minimum risk.

The scope of the issue was a level 2, patterned.

A review of the home's compliance history revealed a level 4; multiple non compliance with at least one related order to the current area of concern. A previous Compliance Order, in the same area, was issued on May 30, 2018, in inspection report #2018_414110_0008. (110)

Order(s) of the Inspector

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

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

Oct 15, 2019(A1)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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L. O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

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

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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

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

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 4 th day of October, 2019 (A1)

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

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

Amended by DIANE BROWN (110) - (A1)

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

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*,
L. O. 2007, chap. 8

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

Central East Service Area Office