



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

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

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

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

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

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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
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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
Apr 16, 2018	2018_569508_0004	022273-17, 022275-17, 022276-17, 022277-17, 022279-17, 022281-17, 022286-17, 022288-17, 022290-17, 022291-17	Follow up

Licensee/Titulaire de permis

Bella Senior Care Residences Inc.
650 Sheppard Avenue East PH01 TORONTO ON M2K 3E4

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

Bella Senior Care Residences
8720 Willoughby Drive NIAGARA FALLS ON L2G 7X3

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

ROSEANNE WESTERN (508), CATHIE ROBITAILLE (536), LESLEY EDWARDS (506)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 8, 9, 12, 13, 14, 15, 16, 21, 22 and 23, 2018.

During the course of the inspection, the inspectors toured the home, reviewed resident clinical records, reviewed relevant policies and procedures, the home's Quality Improvement (QI) plan, auditing tools and relevant staff training records.

The following follow up inspections were conducted: log #022273-17 related to s. 6(10)(b) and (c), #022275-17 related to s. 19(1), #022276-17 related to s.20(1)(2), #022277-17 related to s. 84, #022279-17 related to r. 54, #022281-17 related to r. 68(2)(a), #022286-17 related to r. 51(2)(a), #022288-17 related to r. 53(4), #022290-17 related to r. 53(1)1, #022291-17 related to r. 8(1)(b).

Non compliance related to O. Reg. s. 8(1)(b) was identified during a complaint inspection, log #023302-17, conducted concurrently during this follow up inspection. This area of non-compliance will be issued as a written notification (WN) on this report as the incident related to this complaint occurred prior to the compliance due date of October 12, 2017.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Assistant Director of Care (ADOC), Food Service and Nutrition Manager, Resident Assessment Instrument (RAI) Coordinator, Registered Dietician (RD), registered staff and Personal Care Providers (PCP).

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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

**3 WN(s)
0 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)**



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The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2017_551526_0014		506
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #003	2017_551526_0014		506
O.Reg 79/10 s. 53. (1)	CO #009	2017_551526_0014		508
O.Reg 79/10 s. 53. (4)	CO #008	2017_551526_0014		508
O.Reg 79/10 s. 54.	CO #005	2017_551526_0014		508
O.Reg 79/10 s. 68. (2)	CO #006	2017_551526_0014		536
O.Reg 79/10 s. 8. (1)	CO #010	2017_551526_0014		508
LTCHA, 2007 S.O. 2007, c.8 s. 84.	CO #004	2017_551526_0014		508

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



Findings/Faits saillants :

1. The licensee failed to ensure that the resident was reassessed and the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

Resident #017 had a chronic condition and on an identified date in 2017, had a change in condition.

A quarterly continence assessment completed on an identified date in 2018, indicated that the resident's continence worsened and the resident had a change in their mobility.

A review of the resident's plan of care for toileting, indicated that the resident required assistance with toileting of one to two staff. The resident would require two staff at times.

An interview with PCP staff #199 and with the resident revealed that due to resident's decline in their condition, the resident was had required different interventions. The resident's plan of care had not been revised to include the resident's decline in their continence and changes with their toileting.

It was confirmed during interview with the RAI-Co-ordinator that the resident's plan of care had not been reviewed and revised when the resident's care needs changed. [s. 6. (10) (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 O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the resident who was incontinent had an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and that the plan was implemented.

A review of the clinical record for resident #018 identified that the resident had a decline in their level of bowel continence over a three month period.

During a review of the resident's plan of care for continence and toileting, it was identified that there was no plan in place to manage the resident's bowel incontinence.

The resident's plan of care was reviewed with the Resident Assessment Instrument (RAI) Coordinator and it was confirmed that the resident who was incontinent did not have an individualized plan of care to promote and manage their bowel continence based on the assessment. [s. 51. (2) (b)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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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. Where the Act or this Regulation required the licensee of a long-term care home to have, instituted or other wise put in place any plan, policy, protocol, procedure, strategy or system, the licensee failed to ensure that any plan, policy, protocol, strategy or system instituted or otherwise put in place was complied with O.Reg. 79/10, r. 49, Falls Prevention and Management Program.

The licensee had an outstanding Compliance Order related to O. Reg. 79/10 that was issued on report #2017_551526_0014 with a compliance date of October 12, 2017. This area of non compliance was issued as a written notification (WN) as this incident occurred prior to the compliance order due date of October 12, 2017.

A review of the home's Falls Prevention Program in the resident services manual that was in place in September, 2017, directed staff to complete a list of 11 tasks as part of their post fall management section in their policy.

After the registered staff assessed and treated the resident, the staff were directed to notify the Power Of Attorney (POA) about the fall and document contact with the POA in the progress notes. Complete a Risk Management Report and include a detailed Post Fall Assessment located under the Action tab in Risk Management Module.

Resident #022 sustained an injury on an identified area from an unwitnessed fall on an identified date in 2017. During a review of the clinical record, it was identified that the registered staff that assessed and treated the resident documented that the POA would be notified by staff the following day although the fall occurred early in the evening. A Risk Management Report had not been completed which would have alerted staff the following day to follow up with the POA.

It was confirmed through documentation review and during interview with the DOC and Administrator that staff did not comply with home's Falls Prevention Program when resident #022 sustained a fall and failed to notify the resident's Substitute Decision Maker (SDM) and complete a risk management report.

This area of non-compliance was identified during a complaint inspection, log #023302-17 conducted concurrently during this follow up inspection. [s. 8. (1) (b)]



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Issued on this 20th day of April, 2018

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

Original report signed by the inspector.



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Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ROSEANNE WESTERN (508), CATHIE ROBITAILLE
(536), LESLEY EDWARDS (506)

Inspection No. /

No de l'inspection : 2018_569508_0004

Log No. /

No de registre : 022273-17, 022275-17, 022276-17, 022277-17, 022279-
17, 022281-17, 022286-17, 022288-17, 022290-17,
022291-17

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

Follow up

Report Date(s) /

Date(s) du Rapport : Apr 16, 2018

Licensee /

Titulaire de permis : Bella Senior Care Residences Inc.
650 Sheppard Avenue East, PH01, TORONTO, ON,
M2K-3E4

LTC Home /

Foyer de SLD : Bella Senior Care Residences
8720 Willoughby Drive, NIAGARA FALLS, ON, L2G-7X3

Name of Administrator /

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

Kerry Abbott



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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
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To Bella Senior Care Residences Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / **Order Type /**
Ordre no : 001 **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2017_551526_0014, CO #001;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee must be compliant with s.6(10) of the LTCHA.

Specifically the licensee must:

1. Ensure that the plan of care for resident #017 and all other residents related to continence and toileting are reviewed and revised to meet the current needs of residents.

Grounds / Motifs :

1. On September 14, 2017, the following compliance order (CO #001) from inspection # (2017_555126_0014) was made under 6(10)(b).

A) The licensee shall provide training to all staff involved in the assessment/reassessment of residents. The training is to include the steps staff are to follow when reassessing a resident, the relationship between the established goals of care and the timing of reassessments, how to identify that the care being provided to the resident has not been successful, where assessment/reassessment data is to be documented and the requirement to review and revise the plan of care following a reassessment. AND



Order(s) of the Inspector

Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur

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B) The licensee shall develop and implement a schedule for monitoring staff's performance in complying with directions for the assessment/reassessment of residents.

The compliance date was October 26, 2017.

The licensee completed these steps however; non compliance was identified under 6(10)(b) during this follow up inspection.

The licensee failed to ensure that the resident was reassessed and the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

Resident #017 had a chronic condition and on an identified date in 2017, had a change in condition.

A quarterly continence assessment completed on an identified date in 2018, indicated that the resident's continence worsened and the resident had a change in their mobility.

A review of the resident's plan of care for toileting, indicated that the resident required assistance with toileting of one to two staff. The resident would require two staff at times.

An interview with PCP staff #199 and with the resident revealed that due to resident's decline in their condition, the resident was had required different interventions. The resident's plan of care had not been revised to include the resident's decline in their continence and changes with their toileting.

It was confirmed during interview with the RAI-Co-ordinator that the resident's plan of care had not been reviewed and revised when the resident's care needs changed.

The severity of this issue was a level 1 as there was minimal harm to resident. The scope was level 1 as there was 1 plan of care out of 3 not revised. Compliance history was a level 4 as there was an on-going history of of non-compliance of VPC's and Compliance Orders that included:



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written notification (WN) issued March 2015 (2015_323130_0005);
voluntary corrective plan (VPC) issued March 2016 (2016_250511_0005);
VPC/Directors Referral (DR) issued July 2016 (2016_250511_0011);
WN issued November 2016 (2016_542511_0017);
compliance order (CO) issued February 2017 with a due date of September 11,
2017 (2017_587129_0002);
VPC/Director's Referral (DR) issued May 2017 (2017_555506_0012);
CO/DR issued September 2017 with a due date of October 26, 2017
(2017_551526_0014).

(508)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2018

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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Order # /**Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre existant:** 2017_551526_0014, CO #007;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

The licensee must be compliant with r.51(2) of the LTCHA.

Specifically, the licensee shall ensure that:

- a) Review the most recent bowel and bladder assessment for resident #018 and develop and implement a plan to manage their bowel incontinence.
- b) Review the plans of care for all residents who have been identified as incontinent and ensure that all identified residents have a plan to promote and manage bowel and bladder continence.

Grounds / Motifs :

1. On September 14, 2017, the following compliance order (CO #007) from inspection # 2017_555126_0014) was made under 51(2)(a).

The licensee failed to comply with compliance order #007 from inspection #2017_551526_0014 served on September 14, 2017, with a compliance date of December 1, 2017.

The licensee was ordered to prepare, submit and implement a plan to ensure that each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

The licensee completed this however; non compliance was identified under 51(2)(b) during this follow up inspection.

The licensee failed to ensure that the resident who was incontinent had an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and that the plan was implemented.

A review of the clinical record for resident #018 identified that the resident had a decline in their level of bowel continence over a three month period.

During a review of the resident's plan of care for continence and toileting, it was



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identified that there was no plan in place to manage the resident's bowel incontinence.

The resident's plan of care was reviewed with the Resident Assessment Instrument (RAI) Coordinator and it was confirmed that the resident who was incontinent did not have an individualized plan of care to promote and manage their bowel continence based on the assessment. [s. 51. (2) (b)]

The severity of this issue was a level 1 as there was minimal harm to resident. The scope was level 1 as there was 1 plan of care out of 3 that did not have a plan to manage bowel incontinence. Compliance history was a level 4 as there was an on-going history of non-compliance of VPC's and Compliance Orders that included:

written notification (WN) issued March 2016 (2016_250511_0005);
voluntary corrective plan (VPC) issued July 2016 (2016_250511_0011);
WN issued November 2016 (2016_542511_0018);
VPC issued November 2016 (2016_542511_0019);
VPC issued May 2017 (2017_555506_0012);
compliance order (CO) issued September 2017 with a due date of December 1, 2017.

(508)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2018



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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, 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



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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, 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:

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 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.



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Pursuant to section 153 and/or
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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 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



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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)
151, rue Bloor Ouest, 9e étage
Toronto ON 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 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 16th day of April, 2018

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



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

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

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de soins de longue durée, L.O. 2007, chap. 8*

Name of Inspector /

Roseanne Western

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Hamilton Service Area Office