

**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**

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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 29, 2022	2022_982682_0003	016977-21	Complaint

Licensee/Titulaire de permis

Chippawa Creek Care Centre Ltd.
c/o Bella Senior Care Residences 8720 Willoughby Drive Niagara Falls ON L2G 7X3

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

AILEEN GRABA (682)

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): March 10, 11, 14, 15, 16, 17, 18, and 21, 2022.

This Complaint inspection was completed concurrently with Critical Incident System inspection 2022_982682_0002

**The following intake was completed during this Complaint inspection:
016977-21 related to alleged neglect, skin and wound, pain management**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Front Entrance Screeners, housekeeping, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Care Provider (PCP), Niagara Region Public Health (NRPH) Environmental Inspector(s) and residents.

During the course of this inspection, the inspector(s) observed the provision of the care, infection prevention and control (IPAC) practices and reviewed clinical health records, investigation notes, staffing schedules, staff training records, complaint binder/logs, meeting minutes, program evaluations, policy and procedures.

The following Inspection Protocols were used during this inspection:

**Pain
Personal Support Services
Reporting and Complaints
Skin and Wound Care**

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

**5 WN(s)
4 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 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).

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(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).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff within 24 hours of the resident's admission.

A complaint alleged that a resident was not provided wound care. A resident was admitted to the home. A review of admission documentation and placement referral

identified that the resident had an existing alteration in skin integrity with wound care/treatment recommendations.

An assessment completed on admission by a registered nurse (RN) indicated that the resident's altered skin integrity had resolved. Further review did not include an impaired skin integrity assessment that included a description, staging or measurements of resident's alteration of skin integrity. A Registered Practical Nurse (RPN) completed and documented an assessment on a identified date and indicated that there was an alteration in skin integrity and that the origin was prior to the resident's admission to the facility. The RPN confirmed that the resident's alteration in skin integrity was not new. The RN confirmed that they completed the admission assessments for the resident and did not assess the alteration of skin integrity at the time of admission. By staff not assessing resident's alteration of skin integrity within 24 hours of admission, individualized interventions to promote skin integrity were not initiated.

Sources: Complaint, Referral for Long Term Placement, Resident's electronic medical record, Interviews with staff. [s. 50. (2) (a) (i)]

2. The licensee failed to ensure that the resident exhibiting altered skin integrity, including a pressure ulcer received a skin assessment by a member of the registered nursing staff, using a clinically approved instrument that is specifically designed for skin and wound assessment.

Progress notes indicated that a registered nurse (RN) identified a resident had an alteration in skin integrity. Further review of the resident's clinical record did not include an impaired skin integrity assessment. The RN acknowledged that skin assessments were completed within the assessment tab of point click care (PCC). They also confirmed that they did not complete an assessment of the alteration in skin integrity with a clinically approved instrument. By staff not assessing the resident's alteration of skin integrity on initial discovery, individualized interventions to promote skin integrity were also not initiated.

Sources: Resident's electronic medical record, Interview with staff. [s. 50. (2) (b) (i)]

3. The licensee failed to ensure that a resident was assessed by a registered dietitian who is a member of the staff of the home when they exhibited altered skin integrity, and any changes made to the resident's plan of care related to nutrition and hydration were implemented.

Progress notes indicated that a RN identified a resident had an alteration in skin integrity. Subsequently, two other registered staff identified that the resident had an alteration in skin integrity. Further review of the resident's clinical record did not include a RD assessment or RD referral related to the identified alteration in skin integrity. A RPN confirmed that a RD referral was never generated when the alteration in skin integrity was identified and therefore the resident was not assessed for additional nutritional interventions. The resident was placed at risk for less than optimal nutritional care, when they were not assessed by a RD at the time they exhibited an alteration in skin integrity.

Sources: Resident's electronic medical record, Interview with staff. [s. 50. (2) (b) (iii)]

4. The licensee failed to ensure that a resident that was dependent on staff for repositioning was repositioned every two hours or more frequently as required depending on the resident's condition.

A resident's care plan identified that they were dependent for all aspects of positioning and required assistance of two staff. Progress notes indicated that the resident's substitute decision maker (SDM) had concerns related to care. The SDM alleged that staff were not turning and repositioning the resident. The Associate Director of Care (ADOC) documented that the resident was resistive to repositioning. The Director of Care (DOC) confirmed that the resident that was dependent on staff for repositioning was not repositioned by staff every two hours or more frequently as required on an identified date. The resident who was dependent on staff for repositioning was placed further at risk of impaired skin integrity when staff did not reposition them at a minimum of every two hours.

Sources: Complaint, resident's electronic medical record, Interview with staff. [s. 50. (2) (d)]

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
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 resident exhibiting altered skin integrity,
including skin breakdown, pressure ulcers, skin tears or wounds is assessed by a
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
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, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19.
Duty to protect**

Findings/Faits saillants :

1. The licensee has failed to protect resident #001 from neglect.

O. Reg. 79/10, s. 5 defines neglect as 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.

A complaint alleged that a resident was neglected. A resident was admitted to the home. Admission documentation including the placement referral identified that the resident had an alteration in skin integrity and included treatment recommendations. Registered staff involved in the resident's admission to the home did not include the resident's existing altered skin integrity in the admission assessments or develop interventions to prevent further skin breakdown in the 24 hour care plan. Subsequently, a RN identified the resident had an alteration in skin integrity but did not complete an assessment using a clinically appropriate assessment instrument or initiate any interventions. Because individualized interventions that included the residents alteration in skin integrity were not initiated on admission, the resident missed recommended treatment.

The resident had experienced pain and when initial non- pharmacological interventions were ineffective, they did not receive a pain assessment and there was no documentation of pain monitoring for an identified time. Without an accurate assessment of the resident's pain, the resident was at risk for inadequate pain management.

Registered staff that were aware that the resident had an alteration in skin integrity, did not initiate a dietary referral for a RD assessment and the resident was not assessed in relation to the alteration in skin integrity and this placed the resident at risk for less than optimal nutritional care.

The resident was placed at risk for harm by a pattern of inaction when registered staff did not identify that the resident had an alteration in skin integrity on admission. Further, registered staff did not assess or monitor the severity of the alteration in skin integrity, implement strategies to reduce pain, optimize nutrition, minimize infection and/or provide recommended treatment for an identified time after admission.

Sources: Complaint, resident's electronic medical record, Referral for Long Term Placement, Interviews with staff. [s. 19.]

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 residents are not neglected by the licensee or staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following:

s. 24. (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. O. Reg. 79/10, s. 24 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that a 24-hour admission care plan that included the resident's skin condition including interventions was developed and communicated to direct care staff within 24 hours of the resident's admission to the home.

A resident was admitted to home. A review of the admission documentation including the placement referral identified that the resident had an alteration in skin integrity with treatment recommendations. A RN documented a 24 hour admission assessment note indicating the resident was at risk for alteration in skin integrity but their assessment/documentation did not include the resident's existing alteration in skin integrity.

The RN confirmed that their documentation at the time of the resident's admission did not include information related to their altered skin integrity. The RN referred to the resident's admission information that they were provided and confirmed the presence of the altered skin integrity. The DOC confirmed that at the time of the resident admission, the treatment recommendations received should have been reconciled and included in the plan of care and only discontinued if the attending physician disagreed with the recommendation. The DOC stated they did not know why the treatment recommendations were missed on the resident's admission and confirmed that the resident's alteration in skin integrity would not have been included in the 24 hour admission care plan. By staff not promptly including interventions related to the resident's skin condition the resident was placed at risk for infection.

Sources: Resident's electronic medical record (EMR), Referral for Long Term Placement, Interview with staff. [s. 24. (1)]

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 24 hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when the resident's pain was not relieved by initial interventions the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The home's pain identification and management policy directed registered staff to complete a comprehensive pain assessment for the indication of the presence of pain (included reported).

Progress notes indicated that a RN identified that a resident was complaining of pain. Further review of the resident's clinical record did not include any pain assessments at the time the resident reported pain to the registered staff. The RN stated that pain assessments were completed in the assessment tab with any new pain or worsening pain as reported by a resident. The RN also confirmed that at the time of the resident's complaints of pain, the initial interventions attempted were not effective. The DOC and RN confirmed that a comprehensive pain assessment was not completed when initial non-pharmacological interventions were ineffective in the resident's pain management. Because the resident did not receive a comprehensive pain assessment when indicated, the resident was at risk for inadequate pain management.

Sources: Pain Identification and Management Policy, resident's electronic medical record, Interview with staff. [s. 52. (2)]

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 when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

**WN #5: 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. (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 failed to ensure that the provision of care related to pain management and monitoring that was set out in the plan of care was documented.

A resident's care plan included monitoring the resident for signs and symptoms of pain as an intervention for pain management. Progress notes indicated that a RN called the attending physician for a medical intervention in response to the resident's complaint of pain. The RN stated that they did not provide the medical intervention. Further review of the resident's clinical record did not include any documentation of pain monitoring by staff for an identified time period. A RPN identified that the resident was experiencing pain on a subsequent date. The DOC confirmed that there is no documentation that staff monitored the resident for signs and symptoms to manage pain as per the plan of care in between the dates the resident verbalized pain. By staff not recording and documenting the monitoring of the resident's pain, inter-provider communication and transition of care between shifts was diminished and placed the resident at risk for ineffective pain management.

Sources: Resident's electronic medical record (EMR), Interview with staff. [s. 6. (9) 1.]

Issued on this 31st day of March, 2022

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

Original report signed by the inspector.

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

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) : AILEEN GRABA (682)

Inspection No. /

No de l'inspection : 2022_982682_0003

Log No. /

No de registre : 016977-21

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Mar 29, 2022

Licensee /

Titulaire de permis : Chippawa Creek Care Centre Ltd.
c/o Bella Senior Care Residences, 8720 Willoughby
Drive, Niagara Falls, ON, L2G-7X3

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 : Veronica Swartz

To Chippawa Creek Care Centre Ltd., you are hereby required to comply with the following order(s) by the date(s) set out below:

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

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. 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 :

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

The licensee must be compliant with s. 50 (2) of O. Reg. 79/10.

Specifically, the licensee must:

1. Ensure that any resident at risk of altered skin integrity receives a comprehensive skin assessment by a member of the registered nursing staff within 24 hours of the resident's admission.
2. Ensure that any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives a skin assessment by a member of the registered staff, when initially discovered, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.
3. Perform weekly audits on registered staff to ensure they are completing skin/wound assessments for residents with an alteration in skin integrity according to the home's skin and wound policy for the following indications:
 - a) within 24 hours of admission
 - b) when initially discovered
- 4) Document the audits and continue auditing until no further concerns arise with the registered staff completing skin/wound assessments in accordance with the home's policy.

Grounds / Motifs :

1. The licensee failed to ensure that a resident at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff within 24 hours of the resident's admission.

A complaint alleged that a resident was not provided wound care. A resident was admitted to the home. A review of admission documentation and placement referral identified that the resident had an existing alteration in skin integrity with wound care/treatment recommendations.

An assessment completed on admission by a registered nurse (RN) indicated that the resident's altered skin integrity had resolved. Further review did not include an impaired skin integrity assessment that included a description,

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

staging or measurements of resident's alteration of skin integrity. A Registered Practical Nurse (RPN) completed and documented an assessment on a identified date and indicated that there was an alteration in skin integrity and that the origin was prior to the resident's admission to the facility. The RPN confirmed that the resident's alteration in skin integrity was not new. The RN confirmed that they completed the admission assessments for the resident and did not assess the alteration of skin integrity at the time of admission. By staff not assessing resident's alteration of skin integrity within 24 hours of admission, individualized interventions to promote skin integrity were not initiated.

Sources: Complaint, Referral for Long Term Placement, Resident's electronic medical record, Interviews with staff. [s. 50. (2) (a) (i)] (682)

2. The licensee failed to ensure that the resident exhibiting altered skin integrity, including a pressure ulcer received a skin assessment by a member of the registered nursing staff, using a clinically approved instrument that is specifically designed for skin and wound assessment.

Progress notes indicated that a registered nurse (RN) identified a resident had an alteration in skin integrity. Further review of the resident's clinical record did not include an impaired skin integrity assessment. The RN acknowledged that skin assessments were completed within the assessment tab of point click care (PCC). They also confirmed that they did not complete an assessment of the alteration in skin integrity with a clinically approved instrument. By staff not assessing the resident's alteration of skin integrity on initial discovery, individualized interventions to promote skin integrity were also not initiated.

Sources: Resident's electronic medical record, Interview with staff. [s. 50. (2) (b) (i)]

Severity: There was risk for infection and clinical deterioration to a resident when the home did not complete a comprehensive skin assessment identifying a resident's alteration in skin integrity and/or initiate individualized interventions.

Scope: The scope was isolated as only one resident out of three residents was not assessed within 24 hours of admission or when an alteration in skin integrity was initially discovered.

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

Compliance History: One voluntary plan of correction (VPC) was issued to the home related to the same section of legislation in the past 36 months.

(682)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 15, 2022

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

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 Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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

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

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 Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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

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

**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 des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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

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 des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
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 29th day of March, 2022

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Aileen Graba

Service Area Office /

Bureau régional de services : Hamilton Service Area Office