



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

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

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

**Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 26, 27, 28, Oct 1, 2, 3, 4, 5, 9, 10, 11, 12, 16, 2012	2012_181105_0001	Resident Quality Inspection

**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF BRUCE  
41 McGivern Street, P.O. Box 1600, WALKERTON, ON, N0G-2V0

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

BRUCELEA HAVEN LONG TERM CARE HOME - CORPORATION OF THE COUNTY OF BRUCE  
41 MCGIVERN STREET WEST, P.O. BOX 1600, WALKERTON, ON, N0G-2V0

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

JUNE OSBORN (105), CARMEN PRIESTER (203), RUTH HILDEBRAND (128)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

During the course of the inspection, the inspector(s) spoke with 41 residents, 3 family members, 1 Recreation/Leisure Volunteer Planner, 2 Housekeeping Aides, 3 Food Service Workers, 1 Co-op Student, 3 Registered Nurses, 8 Registered Practical Nurses, 12 Personal Support Workers, the Chairperson of Residents' Council, the Chairperson for Family Council, the RAI Coordinator, the Registered Dietitian, the Recreation and Leisure Manager, the Environmental Services Manager, the Dietary Services Supervisor, the Infection Control Lead, the Quality Services Coordinator, the Assistant Director of Care, the Director of Care, and the Administrator.

During the course of the inspection, the inspector(s) reviewed medical records, programs, policies and procedures and other pertinent documents; inspected medication storage areas, resident home areas including residents' rooms and bathrooms, spa rooms and hall ways; and observed meal service and medication administration.

This Resident Quality Inspection was done concurrently with a complaint inspection L-001501-12, completed by inspector #203.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance



Ministry of Health and  
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Homes Act, 2007

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Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Legendé**

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program  
Specifically failed to comply with the following subsections:**

**s. 229. (2) The licensee shall ensure,**  
**(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;**  
**(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;**  
**(c) that the local medical officer of health is invited to the meetings;**  
**(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and**  
**(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).**

**s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,**  
**(a) infectious diseases;**  
**(b) cleaning and disinfection;**  
**(c) data collection and trend analysis;**  
**(d) reporting protocols; and**  
**(e) outbreak management. O. Reg. 79/10, s. 229 (3).**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**s. 229. (6) The licensee shall ensure that the information gathered under subsection (5) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 79/10, s. 229 (6).**

**s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:**  
**1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.**  
**2. Residents must be offered immunization against influenza at the appropriate time each year.**  
**3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.**  
**4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**  
**5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).**

**Findings/Faits saillants :**

1. The licensee has not ensured that immunization and screening measures are in place for both residents and staff. Clinical record reviews, revealed that 5/5 residents had not been offered immunizations against tetanus and diphtheria. A registered nurse, the Assistant Director of Care, and the Director of Care all confirmed that residents are not offered immunizations against diphtheria and tetanus.

A review of staff files, revealed that 10/10 staff had not been screened for tuberculosis.

The Quality Services Coordinator confirmed that staff are not screened for tuberculosis.[O.Reg.79/10,s.229(10)3 and 4]

2. There is no documented evidence to support that the Infection Prevention and Control coordinator has education in infection prevention and control practices including, infectious disease; cleaning and disinfection; data collection and trend analysis; reporting protocols; and outbreak management.

The Quality Services Coordinator confirmed that the Infection Prevention and Control coordinator does not have any Infection Prevention and Control education.[O.Reg.79/10,s.229(3)(a)(b)(c)(d)(e)]

3. Although data is gathered about infections on each shift, there is no evidence to support that it is analyzed and reviewed at least monthly.

The Quality Services Coordinator confirmed that the home is in the midst of setting up a daily analysis and monthly review of infections but has not achieved this yet.[O.Reg.79/10,s.229(6)]

4. There is no documented evidence to support that the Infection Prevention and Control Program is coordinated with all disciplines. The program has not been implemented using an interdisciplinary approach. Additionally, there is no documented evidence to support that the Infection Prevention and Control team meets quarterly.

The Infection Control Lead and the Quality Services Coordinator acknowledged that quarterly meetings are not held for Infection Prevention and Control. The program is not coordinated as 4 registered staff, as well as the Director of Care, are responsible for components of the program.

Although the Infection Prevention and Control Program was evaluated December 7, 2011, the changes identified have not been implemented.

The Quality Services Coordinator confirmed that the goals in the program evaluation have not been achieved yet.  
[O.Reg.79/10,s.229(2)(a)(b)(e)]

5. This has been previously issued as a Written Notification on June 7, 2011.

Lack of hand washing/hand hygiene, was observed during a lunch meal; a staff member was observed, not washing hands between handling dirty dishes and serving food to residents.

Infection control risks were observed in shared resident washrooms including unlabeled personal care items such as urinals, washbasins, hair and tooth brushes, denture cups, body lotions and an electric razor.

The Infection Control Lead confirmed, on interview that both registered and non registered staff must wash their hands or use hand sanitizer after handling dirty dishes before serving residents their meals in the dining room; and all personal care items are to be labeled and are not to be used communally.[O.Reg.79/10,s.229(4)]

**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 the designated staff person coordinating the program has the education and experience in infection control practices, including infectious diseases; cleaning and disinfection; data and trend analysis; reporting protocols; and outbreak management; to ensure all staff participate in the implementation of the program; to ensure the information collected under subsection 5 is analyzed daily and reviewed at least monthly aiming to reduce infections/outbreaks; to ensure the program is interdisciplinary and meets quarterly, to be implemented voluntarily.**

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:**

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

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**Findings/Faits saillants :**

1. This has been previously issued as a Written Notification on February 3, 2011.

A review of the Nutritional Management of Weight policy, dated August 29, 2011, revealed that it was not followed when nursing did not send a referral to the Food Service Manager/Registered Dietitian regarding unplanned weight changes and ongoing weight loss on 2 occasions.

The registered dietitian confirmed that referrals should have been sent to her regarding these weight changes and none were sent.[O.Reg.79/10,s.8(1)(b)]

2. The Infection Prevention and Control program policies have not been updated since 2003 and are not in compliance with the LTCHA and regulations.

The Infection Prevention and Control Lead and Quality Services coordinator acknowledged that the policies and procedures for infection prevention and control needed to be reviewed, updated or new policies created to ensure the program meets the requirements.[O.Reg.79/10,s.8(1)(a)]

3. Medisystem Pharmacy policy 04-01-05 states "narcotic and controlled drugs must be stored in a double locked container in either the medication room or the medication cart.

The Home does not follow this policy.

The Director of Care confirmed controlled substances are not double locked as per policy.[O.Reg.79/10,s.8(1)(b)]

**Additional Required Actions:**

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the the home has the required plans, policies, protocols, procedures, strategies or systems in place and that these are in compliance with and are (a) implemented in accordance with applicable requirements and are (b) complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes**

**Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:**

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

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**Findings/Faits saillants :**

1. Record reviews revealed that some residents were not assessed nor were required actions taken regarding unplanned weight change. The registered dietitian acknowledged that she was not sent the required referrals for some residents.

[O.Reg.79/10,s.69 2 and 3]

**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 residents weight changes of 7.5% body weight, or more, over 3 months; 10% body weight, or more, over 6 months are assessed with an interdisciplinary approach, and actions are taken and outcomes are evaluated, to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following subsections:**

- s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
- (a) is a minimum of 21 days in duration;
  - (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
  - (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
  - (d) includes alternative beverage choices at meals and snacks;
  - (e) is approved by a registered dietitian who is a member of the staff of the home;
  - (f) is reviewed by the Residents' Council for the home; and
  - (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

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**Findings/Faits saillants :**

1. Observation of a meal revealed modified textures were not provided to residents as required.

A review of the therapeutic menu for week #3 revealed that modified textured diets were not planned according to the resident's needs 5 times in the 5 days checked.

The Dietary Service Supervisor indicated that this planning method is a past practice, that has carried on.  
[O.Reg.79/10,s.71(1)(b)]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the home's menu cycle includes menus for regular, therapeutic and texture modified diets for both meals and snacks, to be implemented voluntarily.*

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

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**Findings/Faits saillants :**

1. During a tour of a Resident Home Area, a housekeeping cart in the hall was noted to be unlocked and unattended with chemicals inside. This was verified by a housekeeping aide. The Environmental Services Supervisor indicated the expectation is that all housekeeping carts with chemicals are to be locked when unattended.[O.Reg.79/10,s.91]

**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 all hazardous substances are kept inaccessible to residents at all times, to be implemented voluntarily.*

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

Specifically failed to comply with the following subsections:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
    - (i) that is used exclusively for drugs and drug-related supplies,
    - (ii) that is secure and locked,
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
    - (iv) that complies with manufacturer's instructions for the storage of the drugs; and
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).
- 

**Findings/Faits saillants :**

1. This has been previously issued as a Written Notification and Voluntary Compliance Plan on November 17, 2011.

Observation of medication passes for 6 residents from 2 carts revealed, controlled substances were not stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

- 2 Registered Practical Nurses confirmed the controlled substances are not double locked.[O.Reg.79/10,s.129(1)(b)]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure controlled substances are stored in a separate, double locked stationary cupboard in the locked area or stored in a separate locked area within the the locked medication cart, to be implemented voluntarily.*

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

Specifically failed to comply with the following subsections:

- s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.
  2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
  3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
  4. Monitoring of all residents during meals.
  5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
  6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
  7. Sufficient time for every resident to eat at his or her own pace.
  8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
  9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
  10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
  11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).
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**Findings/Faits saillants :**

1. A review of the minutes from Residents' Council meetings revealed that there is no evidence to support that meal and snack times are reviewed by the Residents' Council.  
The Recreation and Leisure Manager acknowledged that the home has not reviewed meal and snack times with Residents' Council.[O.Reg79/10,s.73.(1)2.]

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council  
Specifically failed to comply with the following subsections:**

**s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

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**Findings/Faits saillants :**

1. A review of the minutes from Residents' Council meetings revealed there is no evidence to support that the licensee responds in writing within 10 days of receiving concerns or recommendations from Residents' Council.

The Recreation and Leisure Manager acknowledged that written responses were not provided to Residents' Council within 10 days of the concerns being raised.  
[LTCHA,2007,S.O.2007,c.8,s.57.(2)]

Issued on this 17th day of October, 2012

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







**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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	JUNE OSBORN (105), CARMEN PRIESTER (203), RUTH HILDEBRAND (128)
<b>Inspection No. / No de l'inspection :</b>	2012_181105_0001
<b>Type of Inspection / Genre d'inspection:</b>	Resident Quality Inspection
<b>Date of Inspection / Date de l'inspection :</b>	Sep 26, 27, 28, Oct 1, 2, 3, 4, 5, 9, 10, 11, 12, 16, 2012
<b>Licensee / Titulaire de permis :</b>	CORPORATION OF THE COUNTY OF BRUCE 41 McGivern Street, P.O. Box 1600, WALKERTON, ON, N0G-2V0
<b>LTC Home / Foyer de SLD :</b>	BRUCELEA HAVEN LONG TERM CARE HOME - CORPORATION OF THE COUNTY OF BRUCE 41 McGIVERN STREET WEST, P.O. BOX 1600, WALKERTON, ON, N0G-2V0
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	ELEANOR MACEWEN

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To CORPORATION OF THE COUNTY OF BRUCE, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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

**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*

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

**Order / Ordre :**

The licensee shall ensure that residents are offered immunizations against pneumococcus, tetanus and diphtheria; and that staff are screened for tuberculosis and other infectious diseases.

**Grounds / Motifs :**

1. A review of staff files, revealed that 10/10 staff had not been screened for tuberculosis. The Quality Services Coordinator confirmed that staff are not screened for TB.  
[O. Reg. 79/10, s. 229 (10)4 ] (128)
2. Clinical record reviews revealed that 5/5 residents had not been offered immunizations against tetanus and diphtheria.  
A registered nurse, the Assistant Director of Care and the Director of Care all confirmed that residents are not offered immunizations against diphtheria and tetanus.  
[O. Reg. 79/10, s. 229 (10)3] (128)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Nov 30, 2012



**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

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

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

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

The written request for review must include,

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

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

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11<sup>th</sup> Floor  
Toronto ON M5S 2B1  
Fax: (416) 327-7603

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

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

Health Services Appeal and Review Board and the

Director

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

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11<sup>th</sup> 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](http://www.hsarb.on.ca).



**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

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 16th day of October, 2012**

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

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

JUNE OSBORN

**Service Area Office /**

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