



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
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130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
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Public Copy/Copie du public

| Report Date(s) / Date(s) du rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---|--------------------------------|--|
| Feb 23, 2017 | 2016_531518_0058 | 033762-16 | Resident Quality Inspection |

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CAMBRIDGE COUNTRY MANOR
3680 SPEEDSVILLE ROAD R R 31 CAMBRIDGE ON N3H 4R6

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

ALISON FALKINGHAM (518), ALICIA MARLATT (590), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 19, 20, 21 and 22, 2016

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care(DOC), the Assistant Director of Care(ADOC), three Registered Nurses(RN), two Registered Practical Nurse(RPN), four Personal Support Workers (PSW), one Nurses Aide(NA), one Activities Director, the Environmental Services Supervisor, the Food Services Supervisor and one Housekeeper. The inspectors also reviewed twenty resident clinical record, the home's policies and procedures and observed general and specific resident to staff interactions.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Medication
Minimizing of Restraining
Residents' Council**

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

**1 WN(s)
0 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>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. 15. Accommodation services
Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

During the Resident Quality Inspection the following was observed:

A) On December 19, 2017, a toilet seat in a shared washroom was a plastic padded seat with multiple cracks in the plastic cover exposing the foam inside, the seat had yellow staining on it and the room had a moderate urine odour.

This was acknowledged by the DOC and the seat was replaced.

On observation on December 20, 2016, a new plastic covered cushioned toilet seat was in place however it had yellow staining on it.

B) On December 19, 2016, in the shared washroom Inspector two inspectors observed that on the lower half of the walls in the washroom there were splatters of dried brown, yellow and green debris on the walls and a piece of food observed on the floor behind the toilet.

This information was provided to the Administrator and DOC at the end of day meeting December 19, 2016.

Observations on December 20, 2016, by two inspectors noted the same debris on the walls and the food item behind the toilet.

On December 21, 2016, an inspector observed this washroom again and the wall that had the green to yellow staining on it was clean and dry, the wall with the dried brown debris splattered on it remained the same.

C) On December 19, 2016, this tub room was observed by two inspectors, there was pink scale in the shower visible on the lower one third of the wall and the grout was stained as well, there was a strong odour of urine and sewage and the tub itself had the front panel under the taps duct taped in place. The Administrator and DOC were informed of this observation at the end of day meeting on December 19, 2016.

On December 20, 2016, the room was observed again with two inspectors who detected a strong urine/sewage odour remained and the duct tape on the tub under the taps remained in place holding a panel in place.

On December 21, 2016, this room was observed again by an inspector the odour was less notable and the duct tape remained in place holding the panel under the taps in place.



D) On December 19, 2016, during the initial tour by an inspector detected a very strong urine like odour with yellow staining on the base of the toilet and on the ceramic tile and grout around the toilet.

On December 20, 2016 observation by two inspectors continued to show urine staining on the base of the toilet, ceramic tile and grout with a strong urine like odour.

E) On December 20, 2016, during the initial resident room observation it was noted that there was an ant trap in the corner under the window, no live ants noted, along the perimeter of the base boards in this area there was a sticky brown substance that appeared to be mixed with soil or some kind of debris resembling coffee grounds. Along this wall is a baseboard electric heating unit with the ceramic tiles missing and an accumulation of dirt and debris was present.

Observation on December 21, 2016, identified no changes to the previous observation. The resident stated there had been ants but he had not noted them since the trap was put in place however the resident could not remember how long this had been in place.

F) On December 19 and 20, 2016, two inspectors observed the bases of four sit to stand lifts were dirty and the foot bases were covered with debris.

The Administrator and DOC were made aware of the unclean lifts during the end of day meeting December 19, 2016.

On December 21, 2016, observations revealed that the sit to stand lifts appeared to have been cleaned and the excessive dirt on the foot pads was removed.

The Administrator stated that there was a cleaning schedule for the lifts to be completed on midnights and it happened that the cleaning night was Tuesday night so we had just managed to see them prior to their scheduled cleaning.

G) During the initial tour by two inspectors on December 19, 2016, two ant hills were noted with ant activity coming up from between the seams in the tile floor. There were no ant traps visible. Around the ant hills there was an orange sticky substance which appeared to be a juice type liquid.

December 19, 2016, at 1400 hours the sticky substance remained on the floor, the ant hills were gone but the dirt/debris from the ant hills was still present on the floor.

On December 20, 2016, an inspector noted the sticky substance to still be present, some debris/soil was still present and a decreased level of ant activity was noted.

This observation was acknowledged by a staff member and Maintenance/Laundry Environmental Services Manager who stated that the home had a contract with a pest control company, they come monthly, the floors would be cleaned and ant traps put down.



Observation of this area on December 21, 2016, noted the staining, debris and ants to be gone.

H) On December 20, 2016, observation in the dining room by an inspector showed an ice machine which was on a raised platform that was covered with ceramic tile with some tiles fallen off. At the rear of the ice machine the pipes and connections were corroded, there were used paper napkins, dust and dirt.

This was observed by a staff member who stated this was not acceptable and this area should have been cleaned.

I) Observations made by an inspector on December 20 and 21, 2016 found debris along the perimeter of the baseboards with a thick sticky area of this debris near the locked doors leading to the kitchen.

J) A resident's bed was observed with two quarter padded bed rails with white staining and corrosion and rust on fixtures under the sink.

In a four resident's room a fall mat was stained and unclean and corrosion rust staining behind toilet base

In two resident's room a raised toilet seat and bowl were soiled with feces

A staff member confirmed that the padded bed rails and the fall mats were unclean and they should have been cleaned and that there are schedules and sign off sheets to be completed daily for the housekeeping staff.

On December 22, 2016, in a resident's room dried feces on toilet seat tank and a glove turned inside out with feces on the inside were observed by an inspector.

During an interview a staff member stated that the resident had a bowel movement documented in the computerized record and that the condition of the toilet was not the expectation of the staff.

The DOC also acknowledged that was not the accepted practice and that the expectation was toilets should be clean and debris free.

During an Interview the Environmental Services Manager stated that there are policies and procedures for the housekeeping staff to follow including sign off sheets for daily work, there is a preventive maintenance schedule and there is a contract with a pest

control agency who visits monthly and it was the expectation that all residents rooms, belongings and the home are kept clean and sanitary.

The home's policy "Cleaning Guidelines-Resident's Rooms" last revised April 2016 indicated:

Procedures: Washrooms

4. Clean toilet tank and work your way down to the outside of the bowl using disinfectant dampened rag #3

5. Clean toilet seat top and bottom using rag #3 folded

8. Wet mop bathroom floor

Thorough cleaning consists of:

-cleaning walls windows and baseboards

-buffing floors

-carbolizing beds

The home's policy "Pest Control" last revised July 2016 indicated:

The facility shall be kept free from all insects and rodents. There shall be an organized program of pest control which is under the direction of a licensed pest control operator.

Procedure

4. Report to the Administrator any insects or bugs seen (and their location) while doing daily rounds. This information will be communicated to the outside agency that routinely sprays.

The home's policy "Cleaning Guidelines-Common/General Areas" indicated:

Lounges

3. Dry or wet mop floors or vacuum (depending on type of flooring)

4. Clean floors as per schedule and buff/vacuum per schedule

5. Ensure walls are clean and unmarked

Hallways

1. Dry, damp mop or use Auto Scrubber to clean hallways daily

The scope of these issues was widespread. The severity of these issues was determined to be a level two with minimum risk of harm to potential for actual harm to the residents. The home did have a history of non compliance with this subsection of the regulations. It was issued as a compliance order November 21, 2014 resulting from a Resident Quality Inspection 2014_303563_0055 and was complied May 15, 2015. [s. 15.

(2) (a)]



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soins de longue durée**

Additional Required Actions:

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

Issued on this 24th day of February, 2017

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

Original report signed by the inspector.



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

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) : ALISON FALKINGHAM (518), ALICIA MARLATT (590),
TERRI DALY (115)

Inspection No. /

No de l'inspection : 2016_531518_0058

Log No. /

Registre no: 033762-16

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Feb 23, 2017

Licensee /

Titulaire de permis :

CARESSANT-CARE NURSING AND RETIREMENT
HOMES LIMITED
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

LTC Home /

Foyer de SLD :

CAMBRIDGE COUNTRY MANOR
3680 SPEEDSVILLE ROAD, R R 31, CAMBRIDGE, ON,
N3H-4R6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Heather Richardson



**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*

To CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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 # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee shall ensure that the resident's rooms, washrooms, shower rooms, resident lift and transfer equipment, dining room including walls and baseboards and flooring are kept clean and sanitary.

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

During the Resident Quality Inspection the following was observed:

A) On December 19, 2017, a toilet seat in a shared washroom was a plastic padded seat with multiple cracks in the plastic cover exposing the foam inside, the seat had yellow staining on it and the room had a moderate urine odour. This was acknowledged by the DOC and the seat was replaced.

On observation on December 20, 2016, a new plastic covered cushioned toilet seat was in place however it had yellow staining on it.

B) On December 19, 2016, in the shared washroom Inspector two inspectors observed that on the lower half of the walls in the washroom there were splatters of dried brown, yellow and green debris on the walls and a piece of food observed on the floor behind the toilet.

This information was provided to the Administrator and DOC at the end of day meeting December 19, 2016.

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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*

Observations on December 20, 2016, two inspectors noted the same debris on the walls and the food item behind the toilet.

On December 21, 2016, an inspector observed this washroom again and the wall that had the green to yellow staining on it was clean and dry, the wall with the dried brown debris splattered on it remained the same.

C) On December 19, 2016, this tub room was observed by two inspectors, there was pink scale in the shower visible on the lower one third of the wall and the grout was stained as well, there was a strong odour of urine and sewage and the tub itself had the front panel under the taps duct taped in place. The Administrator and DOC were informed of this observation at the end of day meeting on December 19, 2016.

On December 20, 2016, the room was observed again with two inspectors who detected a strong urine/sewage odour remained and the duct tape on the tub under the taps remained in place holding a panel in place.

On December 21, 2016, this room was observed again by an inspector the odour was less notable and the duct tape remained in place holding the panel under the taps in place.

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to stand lifts were dirty and the foot bases were covered with debris.

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December 19, 2016, at 1400 hours the sticky substance remained on the floor, the any hills were gone but the dirt/debris from the ant hills was still present on the floor.

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This observation was acknowledged by a staff member and Maintenance/Laundry Environmental Services Manager who stated that the home had a contract with a pest control company, they come monthly, the floors would be cleaned and ant traps put down.

Observation of this area on December 21, 2016, noted the staining, debris and ants to be gone.

H) On December 20, 2016, observation in the dining room by an inspector showed an ice machine which was on a raised platform that was covered with ceramic tile with some tiles fallen off. At the rear of the ice machine the pipes and connections were corroded, there were used paper napkins, dust and dirt. This was observed by a staff member who stated this was not acceptable and this area should have been cleaned.

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In two resident's room a raised toilet seat and bowl were soiled with feces

A staff member confirmed that the padded bed rails and the fall mats were unclean and they should have been cleaned and that there are schedules and sign off sheets to be completed daily for the housekeeping staff.

On December 22, 2016, in a resident's room dried feces on toilet seat tank and a glove turned inside out with feces on the inside were observed by an inspector.

During an interview a staff member stated that the resident had a bowel movement documented in the computerized record and that the condition of the toilet was not the expectation of the staff.

The DOC also acknowledged that was not the accepted practice and that the expectation was toilets should be clean and debris free.

During an Interview the Environmental Services Manager stated that there are policies and procedures for the housekeeping staff to follow including sign off sheets for daily work, there is a preventive maintenance schedule and there is a contract with a pest control agency who visits monthly and it was the expectation that all residents rooms, belongings and the home are kept clean and sanitary.

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**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*

The home's policy "Pest Control" last revised July 2016 indicated:

The facility shall be kept free from all insects and rodents. There shall be an organized program of pest control which is under the direction of a licensed pest control operator.

Procedure

4. Report to the Administrator any insects or bugs seen (and their location) while doing daily rounds. This information will be communicated to the outside agency that routinely sprays.

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1. Dry, damp mop or use Auto Scrubber to clean hallways daily

The scope of these issues was widespread. The severity of these issues was determined to be a level two with minimum risk of harm to potential for actual harm to the residents. The home did have a history of non compliance with this subsection of the regulations. It was issued as a compliance order November 21, 2014 resulting from a Resident Quality Inspection 2014_303563_0055 and was complied May 15, 2015. [s. 15. (2) (a)]

(518)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 21, 2017



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**Ministère de la Santé et
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Ordre(s) de l'inspecteur

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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 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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section 154 of the *Long-Term Care
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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 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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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 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.



**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*

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

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

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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

Issued on this 23rd day of February, 2017

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Alison Falkingham

Service Area Office /

Bureau régional de services : London Service Area Office