

**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**Central East Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 20, 2022	2021_673672_0039	001118-21, 001540- 21, 011099-21	Complaint

Licensee/Titulaire de permisCaressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue Woodstock ON N4S 3V9**Long-Term Care Home/Foyer de soins de longue durée**Caressant Care Lindsay Nursing Home
240 Mary Street West Lindsay ON K9V 5K5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JENNIFER BATTEN (672)

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): December 13 to 17, 23 and 24, 2021

A Critical Incident System inspection (Inspection #2021_673672_0040) was conducted concurrent to this inspection. Findings of non-compliance were also issued within that report.

The following intakes were completed during this Critical Incident System inspection:

One intake related to a complaint regarding availability of supplies, bathing, nutrition and hydration.

One intake related to a complaint regarding plan of care, skin care, dining, staffing and neglect.

One intake related to a complaint regarding resident falls, plan of care, availability of supplies, staffing and neglect.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Behavioural Support Ontario Lead (BSO RPN), Business Office Manager, Acting Food and Nutrition Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSWs), Physiotherapists (PT) and physio assistants (PTA), Dietary Aides (DAs), Housekeepers and residents.

The inspector(s) reviewed clinical health records of identified residents, internal policies related to Infection Prevention and Control, Falls Prevention, Prevention of Abuse and Neglect, Complaints, Pain Management and Responsive Behaviours. The Inspector(s) also observed staff to resident and resident to resident care and interactions and infection control practices in the home.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Nutrition and Hydration**

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

3 WN(s)

0 VPC(s)

3 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 91. Resident charges

Specifically failed to comply with the following:

s. 91. (1) A licensee shall not charge a resident for anything, except in accordance with the following:

1. For basic accommodation, a resident shall not be charged more than the amount provided for in the regulations for the accommodation provided. 2007, c. 8, s. 91 (1).

2. For preferred accommodation, a resident shall not be charged more than can be charged for basic accommodation in accordance with paragraph 1 unless the preferred accommodation was provided under an agreement, in which case the resident shall not be charged more than the amount provided for in the regulations for the accommodation provided. 2007, c. 8, s. 91 (1).

3. For anything other than accommodation, a resident shall be charged only if it was provided under an agreement and shall not be charged more than the amount provided for in the regulations, or, if no amount is provided for, more than a reasonable amount. 2007, c. 8, s. 91 (1).

4. Despite paragraph 3, a resident shall not be charged for anything that the regulations provide is not to be charged for. 2007, c. 8, s. 91 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that residents were not charged for items that the regulations provided was not to be charged for, such as incontinence products.

A multifaceted complaint was received by the Director from resident #003 and #004's Substitute Decision Maker (SDM). One of the complaints were related to the residents being charged for their own incontinence products after moving into the LTC home.

During an interview, RN #113 indicated they had been responsible for overseeing the continence program in the home for a short period of time. RN #113 further indicated there were multiple residents in the home currently providing their own continence products, if they were using a specified continence product, as the home did not supply these items.

Review of an internal document stated there were a specified number of residents in the home who were providing their own specified continence product. Review of each of the residents' health care records indicated each of the residents were assessed as using/requiring the specified products, but the resident and/or SDM had been informed the home did not provide these products, therefore the resident was responsible for purchasing their own.

The Executive Director verified that there were multiple residents in the home currently providing their own continence products. By not ensuring the home provided each type of continence product the residents were assessed as requiring/using, the resident was being charged for items that the regulations provided was not to be charged for, which could have a negative effect on the residents' personal finances.

Sources: Complaint received; current internal continence distribution document; Residents #004, #007, #009, #012, #013, #014, #015, #016, #017, #018, #019 and #020's continence assessments; interviews with several PSW staff members, RN #113, the DOC and Executive Director. [s. 91. (1) 4.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

- s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
- (a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).
- (b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that personal items were labelled, as required.

Observations conducted during the inspection revealed there were multiple personal items in shared resident bathrooms and Spa rooms, such as used rolls of deodorant, hair combs and hairbrushes, nail clippers and razors which were not labelled with the resident's name, and staff members could not indicate who the items belonged to.

During separate interviews, PSWs, RPN #109 and the Executive Director verified the expectation in the home was for all personal items to be labelled with the resident's name. By not ensuring all personal items were labelled, residents were placed at risk of using another resident's personal item, which could be unsanitary.

Sources: Observations conducted during the inspection, interviews with PSWs, RPN #109, DOC and the Executive Director. [s. 37. (1) (a)]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the infection prevention and control program.

During observations conducted during the inspection, the following infection prevention and control practices were observed:

- Hand hygiene was not offered/performed on residents prior to or following food and/or fluid intake during meals or nourishment services.
- Staff were observed serving food items from the nourishment carts by picking the snack food items up in their bare hands in order to rest it on a napkin and serve it to a resident.
- Some staff did not complete hand hygiene between assisting/serving residents during meals and/or nourishment services.
- Some Registered staff members were observed not completing hand hygiene between residents when completing medication administration tours of the resident home area.
- An identified resident required contact precautions, but there was no precaution signage posted at the door to the room.
- Several staff members were observed on the resident home areas without wearing masks.
- Open rolls of toilet paper were observed sitting on the back of toilets, countertops and on the floor beside the toilet in several shared bathrooms and Spa rooms.
- Staff were observed walking down the hallways carrying soiled incontinent products in their hands.
- In multiple resident bathrooms, there were unlabeled urine collection containers and/or unlabeled bed pans sitting on the backs of toilets and/or on the bathroom floors.
- Staff were observed to be walking in the hallways while donned in PPE items such as gowns and gloves.

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soins de longue durée

- Administrator indicated the home did not have an internal policy related to masking of residents, as directed on page six of Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, which was issued on April 7, 2021.
- Staff were observed using equipment, such as slings, for multiple residents without cleaning or disinfecting the equipment between usage.
- PPE stations outside of multiple resident rooms who required contact and/or droplet precautions were missing one or more of the required PPE items, such as gowns, masks or disinfectant wipes.

The observations demonstrated there were inconsistent IPAC practices from the staff of the home. There was actual risk of harm to residents associated with these observations. By not adhering to the home's IPAC program, there could be possible transmission of infectious agents, including the COVID-19 virus.

Sources: Observations conducted; interviews with PSWs, RPNs, RNs, maintenance and housekeeping staff, Director of Care and Administrator. [s. 229. (4)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 21st day of January, 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) : JENNIFER BATTEN (672)

Inspection No. /

No de l'inspection : 2021_673672_0039

Log No. /

No de registre : 001118-21, 001540-21, 011099-21

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jan 20, 2022

Licensee /

Titulaire de permis : Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue, Woodstock, ON, N4S-3V9

LTC Home /

Foyer de SLD : Caressant Care Lindsay Nursing Home
240 Mary Street West, Lindsay, ON, K9V-5K5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lisa Green

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**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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 91. (1) A licensee shall not charge a resident for anything, except in accordance with the following:

1. For basic accommodation, a resident shall not be charged more than the amount provided for in the regulations for the accommodation provided.

2. For preferred accommodation, a resident shall not be charged more than can be charged for basic accommodation in accordance with paragraph 1 unless the preferred accommodation was provided under an agreement, in which case the resident shall not be charged more than the amount provided for in the regulations for the accommodation provided.

3. For anything other than accommodation, a resident shall be charged only if it was provided under an agreement and shall not be charged more than the amount provided for in the regulations, or, if no amount is provided for, more than a reasonable amount.

4. Despite paragraph 3, a resident shall not be charged for anything that the regulations provide is not to be charged for. 2007, c. 8, s. 91 (1).

Order / Ordre :

The licensee must be compliant with section s. 91. (1) 4 of O. Reg. 79/10.

Specifically, the licensee must:

1. Immediately stop the practice of charging residents for items which the regulations provide are not to be charged for, such as incontinence products.

Grounds / Motifs :

1. The licensee failed to ensure that residents were not charged for items that the regulations provided was not to be charged for, such as incontinence products.

A multifaceted complaint was received by the Director from resident #003 and #004's Substitute Decision Maker (SDM). One of the complaints were related to the residents being charged for their own incontinence products after moving

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

into the LTC home.

During an interview, RN #113 indicated they had been responsible for overseeing the continence program in the home for a short period of time. RN #113 further indicated there were multiple residents in the home currently providing their own continence products, if they were using a specified continence product, as the home did not supply these items.

Review of an internal document stated there were a specified number of residents in the home who were providing their own specified continence product. Review of each of the residents' health care records indicated each of the residents were assessed as using/requiring the specified products, but the resident and/or SDM had been informed the home did not provide these products, therefore the resident was responsible for purchasing their own.

The Executive Director verified that there were multiple residents in the home currently providing their own continence products. By not ensuring the home provided each type of continence product the residents were assessed as requiring/using, the resident was being charged for items that the regulations provided was not to be charged for, which could have a negative effect on the residents' personal finances.

Sources: Complaint received; current internal continence distribution document; Residents #004, #007, #009, #012, #013, #014, #015, #016, #017, #018, #019 and #020's continence assessments; interviews with several PSW staff members, RN #113, the DOC and Executive Director.

An order was made by taking the following factors into account:

Severity: There was minimal risk of harm to the residents, due to the possible financial stressors placed on the resident(s) due to these charges.

Scope: The scope of this non-compliance was widespread, as the Inspector was notified that every resident in the home who had been assessed as requiring the specified continence products were being charged for the product.

Compliance History: Previous non-compliance to different subsections of the

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

legislation have been noted in the home within the previous 36 months.
(672)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Feb 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

Order # /**No d'ordre :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Order / Ordre :

The licensee must be compliant with section s. 37 (1) (a) of the LTCHA.

Specifically, the licensee must:

1. Conduct bi-weekly audits of the resident home areas for a minimum period of four weeks. The audits are to include the tub and shower rooms, shared bathrooms, care trolleys and baskets, to ensure that all personal items are appropriately labelled with the resident's name. Keep a documented record of the audits completed and make available to Inspectors upon request.

Grounds / Motifs :

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

1. The licensee failed to ensure that personal items were labelled, as required.

Observations conducted during the inspection revealed there were multiple personal items in shared resident bathrooms and Spa rooms, such as used rolls of deodorant, hair combs and hairbrushes, nail clippers and razors which were not labelled with the resident's name, and staff members could not indicate who the items belonged to.

During separate interviews, PSWs, RPN #109 and the Executive Director verified the expectation in the home was for all personal items to be labelled with the resident's name. By not ensuring all personal items were labelled, residents were placed at risk of using another resident's personal item, which could be unsanitary.

Sources: Observations conducted during the inspection, interviews with PSWs, RPN #109, DOC and the Executive Director.

An order was made by taking the following factors into account:

Severity: There was minimal risk of harm to the residents due to the potential for possible transmission of infectious agents caused by residents possibly using personal items which did not belong to them.

Scope: The scope of this non-compliance was widespread, as unlabelled personal items were located in multiple areas throughout the entire home.

Compliance History: A Voluntary Plan of Correction was issued to the licensee during Complaint inspection #2020_643111_0018 on October 20, 2020.
(672)

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

Feb 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

Order # /

No d'ordre : 003

Order Type /

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

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee must be compliant with with s. 229 (4) of the LTCHA.

Specifically, the licensee must:

1. Provide leadership, monitoring, and supervision from the management team in all home areas and all shifts to ensure staff adherence with appropriate Infection Prevention and Control (IPAC) practices. Keep a documented record of the management assignments to be out on the resident home areas and make available for Inspectors, upon request.
2. Conduct daily hand hygiene audits for a period of two weeks, especially around meal and nourishment services, to ensure hand hygiene is being completed by both staff and residents, as required. Keep a documented record of the audits completed and make available for Inspectors, upon request.
3. Conduct daily audits of PPE donning/doffing and usage to ensure PPE is being utilized, donned and doffed as required. Keep a documented record of the audits completed and make available for Inspectors, upon request.
4. Provide on the spot education and training to staff not adhering with appropriate IPAC measures and track the results of the audits completed to assess if the same staff members are involved in areas of non-compliance. Keep a documented record of the education, training and audits completed and make available for Inspectors, upon request.
5. All PPE caddies must be fully stocked and have appropriate PPE items in them.

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

Grounds / Motifs :

1. The licensee has failed to ensure that all staff participated in the infection prevention and control program.

During observations conducted during the inspection, the following infection prevention and control practices were observed:

- Hand hygiene was not offered/performed on residents prior to or following food and/or fluid intake during meals or nourishment services.
- Staff were observed serving food items from the nourishment carts by picking the snack food items up in their bare hands in order to rest it on a napkin and serve it to a resident.
- Some staff did not complete hand hygiene between assisting/serving residents during meals and/or nourishment services.
- Some Registered staff members were observed not completing hand hygiene between residents when completing medication administration tours of the resident home area.
- An identified resident required contact precautions, but there was no precaution signage posted at the door to the room.
- Several staff members were observed on the resident home areas without wearing masks.
- Open rolls of toilet paper were observed sitting on the back of toilets, countertops and on the floor beside the toilet in several shared bathrooms and Spa rooms.
- Staff were observed walking down the hallways carrying soiled incontinent products in their hands.
- In multiple resident bathrooms, there were unlabeled urine collection containers and/or unlabeled bed pans sitting on the backs of toilets and/or on the bathroom floors.

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

- Staff were observed to be walking in the hallways while donned in PPE items such as gowns and gloves.
- Administrator indicated the home did not have an internal policy related to masking of residents, as directed on page six of Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, which was issued on April 7, 2021.
- Staff were observed using equipment, such as slings, for multiple residents without cleaning or disinfecting the equipment between usage.
- PPE stations outside of multiple resident rooms who required contact and/or droplet precautions were missing one or more of the required PPE items, such as gowns, masks or disinfectant wipes.

The observations demonstrated there were inconsistent IPAC practices from the staff of the home. There was actual risk of harm to residents associated with these observations. By not adhering to the home's IPAC program, there could be possible transmission of infectious agents, including the COVID-19 virus.

Sources: Observations conducted; interviews with PSWs, RPNs, RNs, maintenance and housekeeping staff, Director of Care and Administrator.

An order was made by taking the following factors into account:

Severity: There was actual risk of harm to the residents because of the potential for possible transmission of infectious agents due to the staff not participating in the implementation of the IPAC program.

Scope: The scope of this non-compliance was widespread, as the IPAC related concerns were identified during observations throughout the home, and the areas of non-compliance has the potential to affect a large number of the LTCH's residents.

Compliance History: A Voluntary Plan of Correction was issued to the licensee during Critical Incident System inspection #2021_643111_0004, on March 15,

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

2021.

(672)

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

Feb 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 20th day of January, 2022

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Jennifer Batten

Service Area Office /

Bureau régional de services : Central East Service Area Office