



**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 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**

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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
Aug 30, 2016	2016_264609_0017	015923-16	Resident Quality Inspection

Licensee/Titulaire de permis

ESPANOLA GENERAL HOSPITAL
825 MCKINNON DRIVE ESPANOLA ON P5E 1R4

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

ESPANOLA GENERAL HOSPITAL (2932)
825 MCKINNON DRIVE ESPANOLA ON P5E 1R4

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

CHAD CAMPS (609), JESSICA WASYLENKI-RYAN (639), MARIE LAFRAMBOISE
(628)

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): June 20-24, 27, 29, 30, 2016.

This inspection included one Complaint related to the rejection of an applicant to the home as well as two Critical Incidents (CIs) the home submitted to the Director related to two residents that fell resulting in injuries.

During the course of the inspection, the inspector(s) spoke with Administrator, The Chief Nursing Officer, the Pharmacist, the Director of Care (DOC), the Resident Care Coordinator (RCC), the Activity and Restorative Coordinator (ARC), the Maintenance Manager (MM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Information Technology (IT) support staff, residents and Substitute Decision Makers (SDMs).

The inspector(s) also conducted a daily tour of the resident care areas, observed the provision of care and services to residents, reviewed numerous licensee policies, procedures and programs, complaint logs, purchase orders, relevant health care records, training logs, and resident and family council meeting minutes.

The following Inspection Protocols were used during this inspection:

**Admission and Discharge
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Residents' Council
Responsive Behaviours
Skin and Wound Care**



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

6 WN(s)
4 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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. 30 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that there was a written record relating to each annual evaluation of the Falls Prevention and Management, the Continence Care and the Skin and Wound Care programs that included the dates of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the dates that those changes were implemented.

a) Two Critical Incidents (CIs) were submitted to the Director each outlining an incident whereby a resident fell and sustained an injury.

During an interview with Inspector #609 the Director of Care (DOC) was unable to provide the Inspector with an annual written evaluation of the Falls Prevention and Management program for the 2015 or 2016 year.

A review of the home's policy titled "Fall Prevention and Management Program" last revised November 2014 found no mention that the program was to be evaluated.

b) On a particular day, Inspector #639 observed three identified residents all with a specified urinary intervention in place.

A review of the home's policy titled "Continence Care of the Bladder" last reviewed August 2014 found no mention that the Continence Care program was to be evaluated annually or that a written record of the evaluation was kept.

c) During an interview with Inspector #609 the Resident Care Coordinator (RCC) verified that an identified resident was receiving active treatment for altered skin integrity.

A review of the home's policy titled "Skin Integrity/Wound Management" last reviewed in July 2010 indicated that the effectiveness of the Skin and Wound Care program would be monitored quarterly as part of the Quality Assurance program and made no mention that the program should maintain a written record of an annual evaluation.

During an interview with Inspector #609 a review of the Regulation was conducted with the Administrator who said that the Falls Prevention and Management, the Continence Care and the Skin and Wound Care programs were monitored monthly during the home's Quality Assurance (QA) meetings and that there was currently no annual written evaluation of the three programs mentioned and should be. [s. 30. (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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for each resident, set out the planned care for the resident.

On a particular day, Inspector #639 observed two quarter bed rails engaged in the guard position on an identified resident's bed.

On two additional particular days, Inspector #628 and Inspector #609 observed two quarter bed rails engaged in the guard position on another identified resident's bed while the resident was in bed.

A review of the plan of care for the first identified resident indicated that the "resident uses bed rails to move in bed", while the plan of care for the second identified resident made no mention that any bed rails were to be used.



During an interview with Inspector #609 registered staff said that both the identified residents required both top quarter bed rails be engaged in the guard position, that the type of rails used had multiple position settings and also stated that the plan of care did not set out the planned care related to the positioning of the resident's bed rails.

In the same interview with registered staff they said yes when asked if it was the expectation of the home that the plan of care for each resident set out the planned care for the resident and said no when asked if the planned care for the identified residents was set out in their plans of care related to the positioning of their bed rails. [s. 6. (1) (a)]

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

A CI was submitted to the Director which indicated that an identified resident fell in the home resulting in an injury.

Inspector #609 reviewed the plan of care for the identified resident which directed staff to use three specific interventions to reduce the risk of falls.

On two particular days the identified resident was observed with none of the three specific interventions to be used.

During an interview with registered staff they said that the identified resident's strength and mobility had improved and no longer required the three specific interventions. Registered staff could not identify how long ago the interventions had been discontinued and verified that the plan of care should have been revised when the care set out in the plan was no longer necessary. [s. 6. (10) (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 that the written plan of care for each resident, sets out the planned care required for every resident that uses bed rails in the home, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails were used, the resident had been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there were none, in accordance with prevailing practices to minimize risk to the resident.

On a particular day, Inspector #609 observed a specified device applied to the bed of an identified resident with two quarter rails engaged in the guard position. The specified device slid with little force by the inspector off the bed.

During an interview with registered staff they said that the identified resident required two quarter bed rails engaged in the guard position when in bed.

A review of the health care records for the identified resident indicated on that on a particular day the specified device was applied to the resident's bed.

A review of the most recent bed entrapment risk assessment for the identified resident found no mention or assessment of the specified device applied to the resident's bed.

During an interview with the RCC they indicated that the home's Bed Entrapment program was based on the document titled "A Guide for Modifying Bed Systems and Using Accessories to Reduce the Risk of Entrapment" June 21, 2006.

A review of "A Guide for Modifying Bed Systems and Using Accessories to Reduce the Risk of Entrapment" June 21, 2006, indicated that "After a change is made to the bed system, reassess that change to make sure the bed system still meets the dimensional criteria and that the changes have not adversely affected any functioning of the bed system or caused an additional risk of injury".

During an interview with the Maintenance Manager they verified that after the bed system for the identified resident was modified with the specified device on a particular day, no reassessment of the resident's bed system was conducted and that this should not have occurred. [s. 15. (1) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where bed rails are used, that the resident been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident, especially when a resident's bed system has been changed or modified, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident who was incontinent received an assessment that included identification of the potential to restore function with specific interventions.

Inspector #639 reviewed the Continence Care assessments for three identified residents which found that the assessments did not address the potential to restore function or provide any specific interventions.

A review of the home's policy titled "Continence Care of the Bladder" last reviewed August 2014, indicated that the Continence Care assessments must have considered the potential for continence promotion.

During an interview with Inspector #639 the DOC reviewed the Continence Care assessment used by the home and verified that it did not address the potential to restore function with specific interventions and should have. [s. 51. (2) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that each resident who is incontinent receives an assessment that includes identification of the potential to restore function with specific interventions, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).



Findings/Faits saillants :

1. The licensee has failed to ensure that the written policies and protocols related to the home's medication management system were implemented.

During a medication pass with Inspector #609 registered staff said that there was a locked narcotic cupboard in the unit's medication room used to house narcotics for destruction.

On a particular day, the Inspector found in the locked narcotic cupboard, one tablet of Acetaminophen/Caffeine/Codeine Phos-300/15/15milligrams(mg) in its original packaging and a copy of the narcotic count sheet indicating that the narcotic was refused by an identified resident and was now for disposal.

During the same medication pass registered staff said that a count of the medication room narcotic cupboard occurred every Friday and verified that up to seven days could go by before registered staff became aware if there was a discrepancy in the narcotics for disposal count.

A review of the home's policy titled "Controlled Substances: Inventory Management" last revised May 2014 indicated that "All controlled substances (including those set aside for disposal) were reconciled at the beginning and after each shift by two registered nursing staff".

During an interview with the home's Pharmacist they said they were unaware that the narcotics for disposal were being counted weekly and that it was the expectation that narcotics for disposal were also counted at the beginning and after each shift by two registered nursing staff and that this did not occur. [s. 114. (3) (a)]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the written policies and protocols related to the home's medication management system are implemented, especially those related to the handling, storage and disposal of narcotics and controlled substances, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

- s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,**
- (a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).**
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).**
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).**
 - (d) contact information for the Director. 2007, c. 8, s. 44. (9).**

Findings/Faits saillants :



1. The licensee has failed to ensure that when the licensee withheld approval for admission, the licensee gave to persons described in subsection (10) a written notice which set out a detailed explanation of the supporting facts, as they related both to the home and to the applicant's condition and requirements for care.

A Complaint was submitted to the Director which indicated that an identified applicant was denied admission to the home.

Inspector #609 reviewed the written notice of refusal submitted to the applicant on a particular day. The letter gave no detailed explanation of the facts related to the home's lack of physical facilities or the applicant's condition and the refusal of admission of the applicant.

During an interview with Inspector #609 the RCC explained that the applicant was denied admission because of three identified factors related the applicant's condition and the home's physical facilities.

During an interview with the DOC they reviewed the written notice of refusal. When asked if it was the expectation of the home that any written notice of refusal would set out a detailed explanation of the supporting facts, the DOC said yes and verified that that the written notice of refusal for the identified applicant did not provide sufficient detail related both to the home's physical facilities or the applicant's condition and requirements for care and should have. [s. 44. (9) (b)]

Issued on this 31st day of August, 2016

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

Original report signed by the inspector.



**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

**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) : CHAD CAMPS (609), JESSICA WASYLENKI-RYAN
(639), MARIE LAFRAMBOISE (628)

Inspection No. /

No de l'inspection : 2016_264609_0017

Log No. /

Registre no: 015923-16

**Type of Inspection /
Genre**

d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 30, 2016

Licensee /

Titulaire de permis : ESPANOLA GENERAL HOSPITAL
825 MCKINNON DRIVE, ESPANOLA, ON, P5E-1R4

LTC Home /

Foyer de SLD : ESPANOLA GENERAL HOSPITAL (2932)
825 MCKINNON DRIVE, ESPANOLA, ON, P5E-1R4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Nicole Haley

To ESPANOLA GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the InspectorPursuant 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 :**

O.Reg 79/10, s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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. 30 (1).

Order / Ordre :

The licensee shall:

- a) Ensure that each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of the Regulation are identified in the home's policies and procedures as requiring a written record be kept of each program's annual evaluation.
- b) Ensure that an annual evaluation is conducted for each of the programs using the last 12 months of Quality Assurance data and maintain a record of each of the evaluations 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 are implemented.
- c) Ensure that all policies and procedures related to any of the required programs are reviewed, revised and the updated policies and procedures are available and communicated to staff.

Grounds / Motifs :

1. The licensee has failed to ensure that there was a written record relating to each annual evaluation of the Falls Prevention and Management, the Continence Care and the Skin and Wound Care programs that included the dates of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the dates that those changes were implemented.

a) Two Critical Incidents (CIs) were submitted to the Director each outlining an incident whereby a resident fell and sustained an injury.

During an interview with Inspector #609 the Director of Care (DOC) was unable to provide the Inspector with an annual written evaluation of the Falls Prevention and Management program for the 2015 or 2016 year.

A review of the home's policy titled "Fall Prevention and Management Program" last revised November 2014 found no mention that the program was to be evaluated.

b) On a particular day, Inspector #639 observed three identified residents all with a specified urinary intervention in place.

A review of the home's policy titled "Continence Care of the Bladder" last reviewed August 2014 found no mention that the Continence Care program was to be evaluated annually or that a written record of the evaluation was kept.

c) During an interview with Inspector #609 the Resident Care Coordinator (RCC) verified that an identified resident was receiving active treatment for altered skin integrity.

A review of the home's policy titled "Skin Integrity/Wound Management" last reviewed in July 2010 indicated that the effectiveness of the Skin and Wound Care program would be monitored quarterly as part of the Quality Assurance program and made no mention that the program should maintain a written record of an annual evaluation.

During an interview with Inspector #609 a review of the Regulation was conducted with the Administrator who said that the Falls Prevention and Management, the Continence Care and the Skin and Wound Care programs were monitored monthly during the home's Quality Assurance (QA) meetings and that there was currently no annual written evaluation of the three programs mentioned and should be.

The scope of this issue was a widespread lack of annual written evaluations of the required programs set out in the Act or Regulation. There were previous unrelated non-compliances over the last 36 months. The severity was determined to have been minimal risk of harm to the health, safety and well-being of residents in the home. (609)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2016



**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 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



**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**

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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.



**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

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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
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 30th day of August, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Chad Camps

Service Area Office /

Bureau régional de services : Sudbury Service Area Office