

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

Rapport d'inspection prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 30, 2019	2019_727695_0018	031418-18, 002183-19, 002184-19, 002185-19, 002186-19, 002187-19, 002188-19, 002189-19, 008462-19	Critical Incident System

Licensee/Titulaire de permis

Fairview Mennonite Homes
515 Langs Drive CAMBRIDGE ON N3H 5E4

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

Fairview Mennonite Home
515 Langs Drive CAMBRIDGE ON N3H 5E4

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

FARAH_KHAN (695), KIYOMI KORNETSKY (743)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 26, 27, and 28, July 2, 3, 4, 5, 8, 9, 10, and 11, 2019.

During the course of the inspection, the following Critical Incident intakes were

inspected:**Log #008462-19, resident had a fall with injury****Log #031418-18, resident had a fall with injury****During the course of the inspection the following follow-ups to Compliance Orders were conducted:****Log #002183-19, related to the prevention of abuse of residents, Compliance Order #001 issued under Inspection #2018_727695_0015****Log#002189-19, related to the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) coding of residents, Compliance Order #002 issued under Inspection #2018_727695_0015****Log #002185-19, related to the Contenance care and bowel management of residents, Compliance Order #003 issued under Inspection #2018_727695_0015****Log #002186-19, related to the implementation of the Falls prevention and management policy, Compliance Order #004 issued under Inspection #2018_727695_0015****Log #002187-19, related to Altercations and other interactions between residents, Compliance Order #005 issued under Inspection #2018_727695_0015****Log #002188-19, related to the Minimizing of restraining of residents, Compliance Order #006 issued under Inspection #2018_727695_0015****Log #002184-19, related to use of Bed rails in the home, Compliance Order #007 issued under Inspection #2018_727695_0015****PLEASE NOTE: A Written Notification and Compliance Order related to O.Reg. 79/10, s. 51 (2) was identified in a concurrent inspection #2019_727695_0019 (Log #006862-19) and was issued in this report.****During the course of the inspection the inspectors toured the home, observed the provision of care and services, reviewed relevant documents including but not limited to: clinical records, policies and procedures, compliance plans, and evidence for meeting goals in the compliance plan.****During the course of the inspection, the inspector(s) spoke with residents, family members, personal support workers (PSW), registered practical nurses (RPN), registered nurses (RN), the Resident Instrument – Minimum Data Set (RAI-MDS) Coordinator, the Contenance care lead RPN, Environmental Service Manager (ESM), Director of Care (DOC), nursing consultants, and the Executive Director**

(ED).

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Minimizing of Restraining

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Safe and Secure Home

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

2 WN(s)

0 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

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

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 101. (4)	CO #002	2018_727695_0015	695
O.Reg 79/10 s. 110. (2)	CO #006	2018_727695_0015	695
O.Reg 79/10 s. 15. (1)	CO #007	2018_727695_0015	695
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2018_727695_0015	695
O.Reg 79/10 s. 54.	CO #005	2018_727695_0015	695

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 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, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. This inspection was completed related to a complaint about continence care and as part of a follow up to CO #003 from Inspection #2018_727695_0015 related to each resident having an individualized plan of care to promote and manage bowel and bladder continence and for that plan to be implemented.

The licensee has failed to ensure that resident #004's and #015's plan of care to promote and manage bowel and bladder continence was implemented.

1) According to the current plan of care, resident #004 was to be toileted at specific times during the day.

Observations were conducted on two different dates in June 2019, and on both occasions the resident was was not checked, changed, or toileted related to continence care.

RPN #108 confirmed that the plan for resident #004 was for them to be toileted at specific times during the day.

2) According to the current plan of care for continence management, resident #015 was to be toileted at specific times during the day.

Observations were conducted on a specific date in July 2019, and at both times where the resident was required to be toileted, the resident was not changed, checked or toileted.

PSW #119 stated that the resident was not on a toileting regime. PSW #100 in a separate interview also did not know the resident was on a scheduled toileting plan.

RPN #111 stated that the plan of care for this resident was for them to be toileted at specific times during the day.

The licensee has failed to ensure that resident #004's and #015's individualized plan of care to promote and manage bowel and bladder continence was implemented. [s. 51. (2) (b)]

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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. This inspection was completed as part of a follow up to CO #004 from Inspection #2018_727695_0015 related to following the home's falls prevention and management policy.

Where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 48(1) and in reference to s. 49(1), the licensee was required to have a falls prevention and management program that provided for strategies (procedures) to monitor residents.

Specifically, staff did not comply with the licensee's policy, "Falls Prevention Program", that stated that staff were to initiate a head injury routine (HIR) if a head injury was suspected or if the resident's fall was unwitnessed and they were on anticoagulant therapy.

The "Head Trauma" policy, stated the HIR assessment included the level of consciousness, orientation, response to commands or painful stimuli, function, pupil size and reaction and a complete vital signs. The HIR was to be completed at the time of

injury, after one hour, then every two hours repeated four times, and every shift for 24 hours.

i) On a specific date in 2019, RPN #108, documented in the progress notes and Post Fall Huddle assessment, that resident #022 fell; that the fall was unwitnessed and a HIR was not completed.

According to RPN #108 and Nurse Consultant #115, a HIR was automatically initiated for residents receiving anticoagulant therapy, whether the fall or head trauma was witnessed or unwitnessed.

A review of resident #022's Medication Administration Record (MAR) found, that the resident was on anti-coagulation therapy at the time of the fall.

Nurse Consultant Staff #115 said that a HIR should have been completed after resident #022 fell on a specific date in 2019.

ii) According to the home's "Head Trauma" policy, a HIR should be initiated for any resident who suffers a head trauma. According to the policy, indications of a head trauma include a laceration to the head, loss of consciousness, an obvious bump to the head, and a witnessed or suspected trauma to the head.

RPN #111 documented on a specific date in 2019, that resident #022 bumped their head and a HIR was initiated.

The HIR form initiated was reviewed and showed that resident #022 refused the first HIR and then registered staff documented "missed" for the next three consecutive times that they were required to conduct an HIR assessment. The resident received their first HIR assessment six hours after initiating the HIR.

DOC #113 could not find any documentation on why the HIR was not completed when the form stated "missed" at the three required timings; and said the HIR assessment was not completed.

The licensee failed to ensure staff complied with the home's "Fall's Prevention" policy and "Head Trauma" policy when they failed to complete a HIR for resident #022 on two separate occasions in 2019. [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

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

Issued on this 8th day of August, 2019

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

Original report signed by the inspector.

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) : FARAH_ KHAN (695), KIYOMI KORNETSKY (743)

Inspection No. /

No de l'inspection : 2019_727695_0018

Log No. /

No de registre : 031418-18, 002183-19, 002184-19, 002185-19, 002186-19, 002187-19, 002188-19, 002189-19, 008462-19

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jul 30, 2019

Licensee /

Titulaire de permis : Fairview Mennonite Homes
515 Langs Drive, CAMBRIDGE, ON, N3H-5E4

LTC Home /

Foyer de SLD : Fairview Mennonite Home
515 Langs Drive, CAMBRIDGE, ON, N3H-5E4

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Steve Pawelko

To Fairview Mennonite Homes, 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 # /

Ordre no : 001

Order Type /

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

Linked to Existing Order / 2018_727695_0015, CO #003;
Lien vers ordre existant:

Pursuant to / Aux termes de :

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

O.Reg 79/10, 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;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

The licensee must be compliant with s. 51 (2) of O. Reg. 79/10.

Specifically, the licensee must:

Implement the individualized toileting plan as set up in the plan of care to promote and manage bowel and bladder continence for residents #004 and #015, and any other resident who is incontinent.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order (CO) #003 from inspection 2018_727695_0015/ 027151-18 issued on January 28, 2019, with a compliance due date of April 08, 2019.

The licensee was ordered to be compliant with s. 51 (2) of the O. Reg. 79/10.

Specifically, the licensee was to:

Ensure that residents #001, #002 and #009, and any other resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented.

This inspection was completed related to a complaint about continence care and as part of a follow up to CO #003 from Inspection #2018_727695_0015 related to each resident having an individualized plan of care to promote and manage bowel and bladder continence and for that plan to be implemented.

The licensee has failed to ensure that resident #004's and #015's plan of care to promote and manage bowel and bladder continence was implemented.

1) According to the current plan of care, resident #004 was to be toileted at specific times during the day.

Observations were conducted on two different dates in June 2019, and on both occasions the resident was not checked, changed, or toileted related to continence care.

RPN #108 confirmed that the plan for resident #004 was for them to be toileted at specific times during the day.

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

2) According to the current plan of care for continence management, resident #015 was to be toileted at specific times during the day.

Observations were conducted on a specific date in July 2019, and at both times where the resident was required to be toileted, the resident was not changed, checked or toileted.

PSW #119 stated that the resident was not on a toileting regime. PSW #100 in a separate interview also did not know the resident was on a scheduled toileting plan.

RPN #111 stated that the plan of care for this resident was for them to be toileted at specific times during the day.

The licensee has failed to ensure that resident #004's and #015's individualized plan of care to promote and manage bowel and bladder continence was implemented.

The severity of this issue was determined to be a level 2, minimum harm or risk. The scope of the issue was level 2, pattern. The home had a level 5 compliance history, with more than three previous unrelated compliance orders and a related non-compliance with this section of the LTCHA that included:

- Compliance Order (CO) #003, issued on January 28, 2019, with a compliance due date of April 08, 2019 (2018_727695_0015). (695)

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

Aug 26, 2019

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 # /

Ordre no : 002

Order Type /

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

Linked to Existing Order / 2018_727695_0015, CO #004;
Lien vers ordre existant:

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee must be compliant with s. 8(1)(b)

1) The licensee shall prepare, submit and implement a plan to ensure that the policies related to Head Injury Routine (HIR) are followed. The plan must include, but is not limited to, the following:

a) How the licensee will ensure that staff providing direct care are following the "Falls Prevention Program" and Head Trauma Policy, including:

i) when to initiate HIR;

ii) what must be included for documenting HIR;

iii) A description of the education that will be provided related to the HIR and Head Trauma policy, who will be responsible for providing the education, and the dates this training will occur; and

iv) An auditing process for HIRs, including who will conduct them and a record of actions taken.

2) Please submit the written plan, quoting Inspection #2019_727695_0018 and inspector Farah Khan by email to central.west.sao@ontario.ca by August 19, 2019.

Grounds / Motifs :

1. The licensee has failed to comply with compliance order (CO) #004 from inspection 2018_727695_0015/02715118 issued on January 18, 2019, with a

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L. O. 2007, chap. 8

compliance due date of March 04, 2019.

The licensee was ordered to be compliant with O.Reg.79/10, s. 8(1). Specifically, the licensee was to:

- 1) Ensure that staff providing direct care follow the contents of the home's policy "Falls Prevention Program," particularly when to initiate Head Injury Routine.
- 2) Ensure that their "Head Trauma" policy is followed for resident #017, #022, #025, and any other resident regarding the assessments required when Head Injury Routine is initiated. The required items are to be assessed at the required times as per the policy, including the residents vital signs and neurological signs of injury

The licensee failed to complete steps one and two, when staff did not comply with the home's "Falls Prevention Program" policy and "Head Trauma" policy, after resident #022 fell.

This inspection was completed as part of a follow up to CO #004 from Inspection #2018_727695_0015 related to following the home's falls prevention and management policy.

Where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 48(1) and in reference to s. 49(1), the licensee was required to have a falls prevention and management program that provided for strategies (procedures) to monitor residents.

Specifically, staff did not comply with the licensee's policy, "Falls Prevention Program", that stated that staff were to initiate a head injury routine (HIR) if a head injury was suspected or if the resident's fall was unwitnessed and they were on anticoagulant therapy.

The "Head Trauma" policy, stated the HIR assessment included the level of consciousness, orientation, response to commands or painful stimuli, function, pupil size and reaction and a complete vital signs. The HIR was to be

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

completed at the time of injury, after one hour, then every two hours repeated four times, and every shift for 24 hours.

i) On a specific date in 2019, RPN #108, documented in the progress notes and Post Fall Huddle assessment, that resident #022 fell; that the fall was unwitnessed and a HIR was not completed.

According to RPN #108 and Nurse Consultant #115, a HIR was automatically initiated for residents receiving anticoagulant therapy, whether the fall or head trauma was witnessed or unwitnessed.

A review of resident #022's Medication Administration Record (MAR) found, that the resident was on anti-coagulation therapy at the time of the fall.

Nurse Consultant Staff #115 said that a HIR should have been completed after resident #022 fell on a specific date in 2019.

ii) According to the home's "Head Trauma" policy, a HIR should be initiated for any resident who suffers a head trauma. According to the policy, indications of a head trauma include a laceration to the head, loss of consciousness, an obvious bump to the head, and a witnessed or suspected trauma to the head.

RPN #111 documented on a specific date in 2019, that resident #022 bumped their head and a HIR was initiated.

The HIR form initiated was reviewed and showed that resident #022 refused the first HIR and then registered staff documented "missed" for the next three consecutive times that they were required to conduct an HIR assessment. The resident received their first HIR assessment six hours after initiating the HIR.

DOC #113 could not find any documentation on why the HIR was not completed when the form stated "missed" at the three required timings; and said the HIR assessment was not completed.

The licensee failed to ensure staff complied with the home's "Fall's Prevention" policy and "Head Trauma" policy when they failed to complete a HIR for resident #022 on two separate occasions in 2019.

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

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
O. 2007, chap. 8

The severity of this issue was determined to be a level 2, minimal risk for the resident. The scope of the issue was level 1, isolated. The home had a level 5 history as they had more than three previous unrelated orders and a related non-compliance with this section of the LTCHA that included:

- Compliance Order (CO) #001 issued January 31, 2018 with a compliance due date of February 22, 2018 (2017_678680_001)
- Compliance Order #004 issued January 28, 2019 with compliance due date of March 4, 2019 (2018_727695_0015).

(743)

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

Sep 16, 2019

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 Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, 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 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.

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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 30th day of July, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Farah_Khan

Service Area Office /

Bureau régional de services : Central West Service Area Office