



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|------------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| Feb 10, 20, 2014 | 2014_253514_0005 | L-000067-14 | Critical Incident System |

Licensee/Titulaire de permis

ATK CARE INC.
1386 INDIAN GROVE, MISSISSAUGA, ON, L5H-2S6

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

THE FORDWICH VILLAGE NURSING HOME
3063 Adelaide Street, Fordwich, ON, N0G-1V0

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

RUTHANNE LOBB (514)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 29, 30, 31, 2014

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care, Administrative Assistant, Maintenance Supervisor, 2 Personal Support Workers, 1 Health Care Aide and 9 residents.

During the course of the inspection, the inspector(s) toured all resident and common areas, observed dining service, provision of resident care, recreational activities, resident/staff interactions, and reviewed residents' clinical records and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Critical Incident Response
Safe and Secure Home**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home



Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii. equipped with a door access control system that is kept on at all times, and
iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The Licensee has failed to ensure that all doors leading to the outside of the home are kept closed and locked and are equipped with a door access control system that is kept on at all times, as evidenced by:



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a) On January 29, 2014 and January 31, 2014, the garbage room door, leading to the outside of the home, was observed to be unlocked with a key in the unlocked alarm control system.

b) On January 30, 2014, the Administrator and Maintenance Supervisor confirmed that the home's expectation is that this garbage room door be alarmed at all times.

c) On January 31, 2014, the Administrator confirmed the home's expectation is that the garbage door with an alarm access control system, leading to the outside of the home, be locked at all times. [s. 9. (1)]

2. The Licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access by residents and locked when they are not being supervised by staff as evidenced by:

On January 29, 2014 and January 31, 2014 it was observed that there was an unlocked door at the staff room entrance and an unlocked door at the lower level ramp area providing resident access to the following non-residential areas:

a) walk-in fridge and freezer were observed to be unlocked

b) workshop room, providing access to power tools, and other maintenance tools, observed to be not equipped with a locking mechanism

c) heater room, accessing water heaters and water softener, observed to have a key in the unlocked door lock

d) storage room (providing direct access to eighteen cans of paint and a bottle of Trisodium Phosphate) observed to be not equipped with a locking mechanism

e) garbage room (providing direct access to the outside unlocked door and to two jugs of Floor Finish, two jugs of Floor Sealer and a jug of Finish Stripper) observed to be unlocked with a key in the unlocked alarm control system

f) electrical panel door in hallway by the kitchen, observed to be open

g) open closet storage area (providing direct access to one pail of Ultra Klene Plus Ecolab, two pails of Ultra Sanitizer and Destainer, and one pail of Ecolab Laundry Destain Chlorinated Bleach) observed to be accessible to residents

h) kitchen door observed to not have a locking mechanism

On January 30, 2014, the Maintenance Supervisor confirmed the home's expectation is that the heating room door and the garbage room door be locked at all times.

On January 31, 2014, the Administrator viewed the above noted unlocked doors. The Administrator confirmed the home's expectation is that these doors be locked and



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inaccessible to residents all all times. [s. 9. (1) 2.]

Additional Required Actions:

CO # - 901 was 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



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1. The licensee has not ensured that the home is a safe and secure environment for its residents as evidenced by:

a) On January 30, 2014, the Administrator and Maintenance Supervisor confirmed that during the power outage on December 22, 2014 at 0515 hours until December 23, 2014 1100 hours, no temperature readings were taken of the resident rooms and common areas to ensure that the home was maintained at a minimum of 22 degrees Celsius.

b) On January 30, 2014, the Administrator and Maintenance Supervisor confirmed that auditing of resident room temperatures and common room temperatures are not a part of the Maintenance program. A review of Maintenance Services policy and procedures, reviewed by the home February 6, 2011, confirmed that there are no policies and procedures to ensure that the home is maintained at a minimum of 22 degrees Celsius.

c) On January 29, 2014, it was observed that the fire exit door in the dining room was obscured by curtains taped together and blankets covering the lower portion of the door, preventing easy access in case of emergency. It was observed that the fire exit sign, above the door, was visible.

d) On January 30, 2014, the Administrator and Maintenance Supervisor confirmed that the door in the Dining Room is a functional fire door exit. The Administrator and Maintenance Supervisor confirmed that the fire door exit is not air tight and curtains were drawn and blankets were placed on the lower door to reduce drafts. The Maintenance Supervisor confirmed that the fire door is locked and when the fire alarm is activated, the door unlocks. [s. 5.]

2. The licensee has failed to ensure that the home is a safe and secure environment for its residents as evidenced by:

a) On January 29, 2014, the Administrator indicated that during the power outage from December 22, 2014-December 23, 2014, the exhaust fan above the functioning propane stove, was not connected to generator power.

b) On January 30, 2014, the Maintenance Supervisor and Administrator confirmed that during the power outage from December 22, 2014-December 23, 2014, the propane stove was being used but the exhaust fan, above the stove was not able to be used as it was not connected to the generator system. [s. 5.]



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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 home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :



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1. The Licensee failed to ensure that the temperature of the home is maintained at a minimum of 22 degrees Celsius as evidenced by:

Temperature Readings were taken in the home on January 29, 2014. Eight of sixteen resident room temperatures were taken. One of the resident rooms had a temperature less than 22 degrees Celsius. Temperatures were taken in eight common areas. Four common areas had temperature readings less than 22 degrees Celsius.

Ramp access between first and second floor – 7 degrees Celsius
Walkway area between the dining room and second floor nursing care area – 7 degrees Celsius
Dining Room – 10 degrees Celsius
Activity Room – 18 degrees Celsius
Room 202 – 21 degrees Celsius

Temperature Readings were taken in the home on January 31, 2014. Temperatures were taken in eight common areas. Three common areas had temperature readings less than 22 degrees Celsius.

Ramp access between first and second floor – 9 degrees Celsius
Walkway access between the dining room and second floor nursing care area – 21 degrees Celsius
Dining Room – 20 degrees Celsius

The Administrator and the Maintenance Supervisor indicated that there are no policies and procedures in place to ensure that the temperatures in the home are maintained a minimum of 22 degrees Celsius. The Administrator confirmed that it is the home's expectation that the temperature in the home is maintained at a minimum of 22 degrees Celsius. [s. 21.]



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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 home is maintained at a minimum temperature of 22 degrees Celsius, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures are developed and implemented to ensure that the heating system in the home is inspected at least every six months by a certified individual, and that documentation is kept of the inspection, as evidenced by:

a) On January 31, 2014, the Administrator and Maintenance Supervisor confirmed that there have not been any inspections of the heating and ventilation systems, every 6 months, by a certified individual. There is no documented evidence of any prior inspections of the heating system in the home, by a certified individual.

b) On January 31, 2014, the Administrator confirmed that there was not a home policy and procedure for heating and ventilation inspections, every 6 months, by a certified individual. [s. 90. (2) (c)]



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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 heating system is cleaned at least every six months by a certified individual, and that documentation is kept of the inspection., to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (3.1) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.

O. Reg. 79/10, s. 107 (4).

Findings/Faits saillants :

1. The licensee failed submit a written report to the Director, within 10 days, of the power outage lasting from December 22, 2014 at 0515 hours until December 23, 2014 at 1100 hours as evidenced by:

a) On January 16, 2014, a Centralized Intake Assessment Triage Inspector contacted the Administrator and requested a Critical Incident be completed and submitted to the Director.

b) On January 16, 2014, at 1929 hours, the Critical Incident Report 0995-000001-14 was completed and submitted to the Director.

c) On January 29, 2014, it was confirmed by the Administrator that the Critical Incident Report 0995-000001-14 was submitted late. [s. 107. (4) 1.]



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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 any of the incidents described in r. 107 (1), (3) or (3.1) are reported in writing to the Director, within 10 days of becoming aware of the incident, to be implemented voluntarily.

Issued on this 20th day of February, 2014

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

A handwritten signature in black ink that reads "R. Lobb". The signature is written in a cursive style with a large initial "R" and a distinct "Lobb" at the end.



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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : RUTHANNE LOBB (514)

Inspection No. /

No de l'inspection : 2014_253514_0005

Log No. /

Registre no: L-000067-14

Type of Inspection /

Genre

Critical Incident System

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 10, 20, 2014

Licensee /

Titulaire de permis : ATK CARE INC.
1386 INDIAN GROVE, MISSISSAUGA, ON, L5H-2S6

LTC Home /

Foyer de SLD :

THE FORDWICH VILLAGE NURSING HOME
3063 Adelaide Street, Fordwich, ON, N0G-1V0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : SUSAN JAUNEZMIS

To ATK CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order # /
Ordre no : 901

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

- i. kept closed and locked,
- ii. equipped with a door access control system that is kept on at all times, and
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

- A. is connected to the resident-staff communication and response system, or
- B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Order / Ordre :



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The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg 79/10, s.9. (1) to ensure that all doors leading to the outside of the home are kept closed and locked, and are equipped with a door access control system that is kept on at all times as well as ensuring that all doors leading to non-residential areas be equipped with locks to restrict unsupervised access to those areas by residents.

Please submit the plan in writing to Ruthanne Lobb, Long-Term Care Homes Inspector, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th floor, London ON N6A 5R2, by email, at Ruthanne.Lobb@ontario.ca, by February 14, 2014.

Grounds / Motifs :

1. The Licensee has failed to ensure that all doors leading to the outside of the home are kept closed and locked, and are equipped with a door access control system that is kept on at all times, as evidenced by:

1. On January 29, 2014 and January 31, 2014, the garbage room door, leading to the outside of the home, was observed to be unlocked with a key in the unlocked alarm control system, and was accessible to residents.

2. On January 30, 2014, the Administrator and Maintenance Supervisor confirmed the home's expectation that the garbage room door be alarmed at all times.

3. On January 31, 2014, the Administrator confirmed the home's expectation that the garbage door with an alarm access control system, leading to the outside of the home, be locked at all times.

(514)

2. The Licensee has failed to ensure that all doors leading to non-residential areas are equipped with locks to restrict unsupervised access by residents, and locked when they are not being supervised by staff, as evidenced by:

On January 29, 2014 and January 31, 2014, it was observed that there was an unlocked door at the staff room entrance and an unlocked door at the lower level ramp area providing resident access to the following non-residential areas:

1. walk-in fridge and freezer were observed to be unlocked
2. workshop room (providing access to power tools, and other maintenance



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- tools) observed to not have a locking mechanism
3. heater room (providing access to water heaters and a water softener) observed to have a key in the unlocked door lock
 4. storage room (providing access to eighteen cans of paint and a bottle of Trisodium Phosphate) observed not to have a locking mechanism
 5. garbage room (providing direct access to the outside unlocked door and to two jugs of Floor Finish, two jugs of Floor Sealer and a jug of Finish Stripper) observed to be unlocked with a key in the unlocked alarm control system
 6. electrical panel door in hallway by the kitchen, observed to be open
 7. open closet storage area (providing direct access to one pail of Ultra Klene Plus Ecolab, two pails of Ultra Sanitizer and Destainer, and one pail of Ecolab Laundry Destain Chlorinated Bleach) observed to be accessible to residents
 8. kitchen door observed to not have a locking mechanism

On January 31, 2014, the Administrator viewed the above noted unlocked doors. The Administrator confirmed the home's expectation that these doors be locked and inaccessible to residents at all times.

On January 30, 2014, the Maintenance Supervisor confirmed that the home's expectation is that the heating room door and the garbage room door be locked at all times (514)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2014



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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
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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
Performance Improvement and Compliance
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

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

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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e 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
Direction de l'amélioration de la performance et de la
conformité
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 10th day of February, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Ruthanne Lobb

Service Area Office /

Bureau régional de services : London Service Area Office