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
Mar 25, 2014	2013_122156_0032	H-000229-13	Follow up

Licensee/Titulaire de permis

GRACE VILLA LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

GRACE VILLA NURSING HOME
45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5

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

CAROL POLCZ (156)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 5, 6, 7, 13, 14, 2013

This inspection was a follow up to follow up inspection H-002182-12, H-002195-12 Inspection 2013_214146_0016

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Food Services Manager, Dietary manager, Registered Dietitian (RD), cooks, dietary aides, personal support workers (psw's), residents

During the course of the inspection, the inspector(s) observed meal and snack service, reviewed menus, reviewed food production, reviewed residents' clinical records including plans of care, food and fluid intake records, assessments etc.

The following Inspection Protocols were used during this inspection:
Dining Observation
Food Quality
Nutrition and Hydration
Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident.
a) The care plan for resident #013 indicated requires special device; provide lipped plate and two handled cup, however, the master diet list indicated nosey cups were to be provided.
b) The plan of care for resident #003 indicated that the resident was to receive small portion intervention, however, this was not indicated on the master diet list. The care plan for this resident did not include that the resident had been put on "fluid watch" however, as confirmed by the DOC, this intervention had been in place since October 15, 2013.
c) Resident #002 was provided with a lipped plate during the lunch meal on November 6, 2013. This was indicated on the master diet list, however, was not on the residents' care plan. [s. 6. (1) (c)]

2. The licensee failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan.

At the observed lunch meal on November 5, 2013
a) The care plan and document known as the master diet list for resident #001 indicated the diet to be regular with minced meat, small portion, however, the resident was provided with regular portion and regular textured meat balls.
b) The care plan and master diet list for resident #002 indicated the diet to be regular, minced texture, however, the resident was provided with a minced textured sandwich and pureed salad. The care plan indicated that the resident was to be provided with nosey cups, (which were provided), however, the resident was also provided with a lip plate as indicated on the master diet list on November 5, 2013, however was not on the care plan.
c) Resident #003 noted to be on a diabetic diet with minced texture was provided a minced textured sandwich and pureed salad until it was noticed that the inspector was observing and then the pureed salad was changed to minced. The care plan for this resident indicated minced texture.
d) The care plan and master diet list for resident #004 indicated the diet to be regular, regular texture, however, the resident was provided with a minced textured entrée.

At the observed lunch meal on November 6, 2013
a) The care plans for residents #005 and #010 indicated that the residents were to

receive double portions, however, both residents were provided with regular portions. The care plan for resident #009 indicated that double protein/meat portion at all meals was to be provided, however, the resident received regular portions.
b) The care plans for residents #006, #007, and #008 indicated that the residents were to receive small portions, however, all were provided with regular portions.
c) The care plan for resident #009 indicated to "Provide diet as ordered by MD/RD; diet will be individualized to meet the resident's requirements and preferences", however, as confirmed by the RD on November 6, 2013, the home was working on the individualized menu and was using a sheet with guidelines for renal restrictions at point of service.
d) The care plan and master diet list for resident #004 indicated the diet to be regular, regular texture, however, the resident was provided with a minced textured entrée again on this date.
f) The care plan for resident #014 indicated that the resident was on a regular diet, minced texture. During the a.m. beverage pass, the resident was provided with two glasses of diet raspberry juice. When the inspector asked the psw why he was given diet juice when not noted to be diabetic, she indicated that the resident preferred it, and thought it was wine. The plan of care for this resident did not indicate to provide diet juice instead of regular juice.
g) The care plan for resident #015 indicated that the resident was on a regular diet, regular texture. During the a.m. beverage pass, the resident was provided with diet raspberry juice. When the inspector asked the psw why the resident was given diet juice, when not noted to be diabetic, she indicated that the resident liked the red juice. The plan of care for this resident did not indicate to provide diet juice instead of regular juice.

At the observed lunch meal on November 13, 2013
a) Resident #017 was noted to be on a gluten restricted diet, however as confirmed by the dietary aide, the resident was provided an egg salad sandwich on regular bread instead of gluten free bread. [s. 6. (7)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
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 resident's plans of care set out clear directions for staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. Not all residents were provided with personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
At the observed lunch meal on November 6, 2013,
a) Resident #007 was not observed receiving any encouragement to consume the meal. The seating plan indicated that the resident required encouragement to eat and the care plan indicated that encouragement or cueing were to be provided. The resident did not consume any of the meal.
b) The seating plan and care plan for resident #001 indicated that the resident was to receive encouragement or cueing for eating. The resident sat with soup in front of her for fifteen minutes without encouragement. As a result, the resident did not consume any of the soup.
c) Resident #011 did not receive any fluids at lunch. The resident was offered coffee at the end of the meal but refused. The resident did not receive any encouragement to consume the meal and did not eat anything but a few bites of soup. The plan of care for this resident indicated that encouragement or cueing was to be provided. The inspector spoke to two psw's who confirmed that the resident required encouragement. [s. 73. (1) 9.]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the planned menu items were offered and available at each meal and snack.
On November 6, 2013,
a) The snack menu was not followed. The menu indicated that lemonade drink and diet lemonade drink were to be provided, however, the home provided regular pear juice and diet cranberry juice instead. The juice on the snack cart was not labelled. When the inspector asked the staff which was the diabetic drink, the staff replied the pear juice was diet and the cranberry juice was regular. As a result, the diabetic residents received the pear juice. Upon further investigation, the cook in the kitchen confirmed that the juices were not labelled and that the cranberry juice was diet. As a result, up to 27 diabetic residents may have received the wrong juice.
b) The therapeutic menu for vegetarian, puree texture indicated that puree garden burger on a bun was to be available as the second choice, however, this was not prepared or available. As a result, resident #016 was not provide with two choices during the lunch meal. [s. 71. (4)]

Additional Required Actions:

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

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve nutritive value, appearance and food quality.
Food quality was compromised as recipes were not always available or followed and production sheets were not always current to guide food production.
a) The recipe for pureed egg salad sandwich did not include the bread, however, as confirmed by the cook on November 13, 2013, the pureed egg salad sandwich was prepared with the bread. The cook indicated that she would puree the sandwich and use a #10 scoop, however, the therapeutic menu indicated that a #12 scoop was to be used.
b) The recipe for puree sausage on a bun indicated to add milk to the puree sausage, however, the cook confirmed that she did not follow the recipe as she did not add milk.

c) The recipe for coleslaw indicated that spices and mayonnaise were to be added, however, as confirmed by the cook, the recipe was not followed as it was made with shredded cabbage and coleslaw dressing.
d) The cook indicated that she added 1/2 cup of ice to the puree coleslaw to bring the temperature down, however, the recipe did not call for adding anything.
e) A recipe was available for minced coleslaw and this was included on the production sheet, however, the therapeutic menu indicated that those on a minced textured diet could have the regular textured coleslaw.
f) The cook indicated that crackers were added to the puree soup to thicken it, however, the recipe did not indicate to add anything to thicken it.
g) The menu was changed to include bananas in orange juice, however, there was no recipe for the regular or puree textured product as confirmed by the food services manager. This was not found to be changed on the production sheets.
h) As confirmed by the cook on November 13, 2013, the menu indicated that the egg salad was to be on a croissant instead of bread. This substitution was not made on the production sheets until pointed out by the inspector.
i) As confirmed by the cook on November 14, 2013, for the renal diet they just follow the restriction list and make substitutions, however, these substitutions were not included on the production sheets to reflect what was produced.
j) Vegetarian menu items were also not on production sheets to guide staff. [s. 72. (3) (a)]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, S. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

The licensee did not implement a quality improvement and utilization review system that monitored, analyzed, evaluated and improved the quality of the resident care and dietary services of the home.

Due to the history of the non-compliance on order #1 (issued as an order five times prior to this follow-up inspection), order #2 (issued as an order three times prior to this follow-up inspection) and order #4 (issued as an order four times prior to this follow up inspection), it is apparent that the home has not implemented a quality improvement and monitoring system to evaluate the services provided to the long term care residents of the home. [s. 84.]

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 the home develops and implements a quality improvement system that monitors, analyzes, evaluates and improves the quality of services, to be implemented voluntarily.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
LTCHA, 2007 S.O. 2007, c.8 s. 11. (1)	CO #004	2013_214146_0016	156
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #003	2013_214146_0016	156

Issued on this 25th day of March, 2014

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

Carol Polcz, RO

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

Ministére 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

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	CAROL POLCZ (156)
Inspection No. / No de l'inspection :	2013_122156_0032
Log No. / Registre no:	H-000229-13
Type of Inspection / Genre d' inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Mar 25, 2014
Licensee / Titulaire de permis :	GRACE VILLA LIMITED 284 CENTRAL AVENUE, LONDON, ON, N6B-2C8
LTC Home / Foyer de SLD :	GRACE VILLA NURSING HOME 45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~WENDY HALL~~ Annette Sprentall

To GRACE VILLA LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2013_214146_0016, CO #002;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order / Ordre :

The licensee shall ensure that the care set out in the plans of care for residents #001-#010, #014, and #015 and #017 is provided to the residents as specified in the plans.

Grounds / Motifs :

1. Previously issued June 8, 2010 under the Nursing Home Act s. 20; September 7, 2010 as a CO under s. 6 (7); November 30, 2010 as a VPC; May 24, 2011 as a CO; September 12, 2011 as a CO, August 24, 2012 as a CO; April 10, 2013 as a CO.

The licensee failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan. According to plans of care reviewed over three observed days, eight residents did not receive the correct portion size, nine residents did not receive the correct therapeutic diet or texture and one resident's care plan did not identify the correct assistive eating devices.

(156)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Apr 07, 2014

Order # / Ordre no : 002 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2013_214146_0016, CO #005;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :

The licensee shall ensure that residents #007, #011 and #001 will be provided with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Grounds / Motifs :

1. Previously issued January 7, 2010 under the Long Term Care Homes Manual and unmet Criterion B3.3.2; previously issued as a s. 73 (1) 9 on May 24, 2011 as a CO; July 24, 2012 as a CO and April 10, 2013 as a CO.

Three observed residents were not provided with personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible during the lunch meal on November 6, 2013. Three observed residents sat with food in front of them for up to fifteen minutes. The residents did not receive any encouragement and as a result, did not consume the food. One of the residents also did not receive any fluids during the observed lunch meal.
(156)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 07, 2014

Order # / Ordre no : 003

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Order / Ordre :

Previously issued on May 24, 2011 as a VPC; and May 11, 2012 as a VPC.

The licensee shall ensure that the planned menu items are offered and available at each meal and snack for all residents at all meals and snacks.

Grounds / Motifs :

1. Previously issued on May 24, 2011 as a VPC; and May 11, 2012 as a VPC. The licensee failed to ensure that the planned menu items were offered and available at each meal and snack for all diets and textures. On an identified date, the snack menu was not followed and the juice available was not labelled. As a result, up to 27 diabetic residents may have received the incorrect juice. The therapeutic menu for gluten free was not followed and as a result, a resident did not have a second choice of menu items for the observed lunch meal.
(156)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Apr 07, 2014

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # / Ordre no : 004 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2013_214146_0016, CO #006;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

Order / Ordre :

The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and (b) prevent adulteration, contamination and food borne illness. The licensee shall ensure that recipes are available and followed to ensure effective food production.

Grounds / Motifs :

1. Previously issued on September 7, 2010 as a CO; May 24, 2011 as a CO; August 24, 2012 as a CO, and April 10, 2013 as a CO.
The licensee failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to preserve nutritive value, appearance and food quality.
Food quality was compromised as recipes were not always available or followed. In a two day period, six menu items were prepared without following the recipe. Production sheets were not current to guide food production for therapeutic diets including renal and vegetarian diets. Menu substitutions were not always changed on the production sheets.
(156)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Apr 07, 2014

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

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.

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

Ministére 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 25th day of March, 2014

Signature of Inspector / Signature de l'inspecteur : Carol Polcz, RD

Name of Inspector / Nom de l'inspecteur : CAROL POLCZ

Service Area Office / Bureau régional de services : Hamilton Service Area Office