



**Ministry of Health and
Long-Term Care**

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 11, 2017	2017_509617_0019	011148-17	Follow up

Licensee/Titulaire de permis

ST. JOSEPH'S CARE GROUP
35 NORTH ALGOMA STREET P.O. BOX 3251 THUNDER BAY ON P7B 5G7

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

HOGARTH RIVERVIEW MANOR
300 LILLIE STREET THUNDER BAY ON P7C 4Y7

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

SHEILA CLARK (617), JENNIFER KOSS (616)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 14-18; August 21-25; and August 28-September 1, 2017

This Follow Up inspection was conducted for Compliance Order #001 issued during inspection #2017_624196_0005, related to O. Reg. 79/10, s. 69, that all residents, with weight changes as identified in O.Reg.79/10, s.69, are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated

A Complaint Inspection #2017_509617_0018, and Critical Incident Inspection #2017_509617_0017 were conducted concurrently with this Follow Up Inspection.

The inspectors conducted a tour of the resident care areas, reviewed residents' health care records, home policies and procedures, mandatory training records, observed resident common areas, and observed the delivery of resident care and services, including staff to resident interactions.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Clinical Managers (CMs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Resident Assessment Instrument (RAI) Coordinators (RAI Coord), Registered Dietitians (RDs), family members and residents.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. 69. Weight changes Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**



Findings/Faits saillants :

1. The licensee has failed to ensure that residents with the following weight change were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over six months.
4. Any other weight change that compromised the resident's health status.

Inspector #616 followed up on outstanding Compliance Order (CO) #001 issued during inspection #2017_624196_0005 with a compliance date of July 4, 2017. The home was ordered to:

- 1) Provide training to the registered staff members regarding the home's written policy and the process in which a referral is to be made to the Registered Dietitian (RD). The home was to keep a record of who provided the training, the content and dates of the training and the names of the attendees.
- 2) Ensure that the registered staff members documented and processed referrals to the Registered Dietitian (RD) as required.
- 3) Conduct monthly audits of significant resident weight changes to evaluate the training of the registered nursing staff members and to ensure the home's policy was being followed. The home was to be compliant with staff training and auditing (part one and three) by July 4, 2017.

Inspection of CO #001 identified non-compliance pursuant to O. Reg. 79/10, s. 69, as follows:

- 1) Related to part one of the order, the home failed to provide training to all the registered staff members regarding the home's written policy and the process in which a referral was to be made to the RD. The home failed to keep a record of who provided the training, the content and dates of the training and the names of the attendees.

Inspector #616 reviewed the home's records related to training of registered staff by the compliance date of July 4, 2017, regarding the home's written policy and the process in which a referral was to be made to the RD.



The Inspector reviewed the training records which included signing sheets by the registered staff, as well as numbers of staff trained with percentages provided by the Director of Care (DOC) on August 25, 2017.

The staff training records consisted of RN and RPN specific "Information Package Signing Sheets". The Inspector reviewed the pre-printed RN signing sheet that identified 21 registered nurses (not including one RN identified on sick leave). However, this list was not inclusive of all RNs as there had been four names hand-written that brought the total RNs to 25 and the following information was identified by the Inspector:

- 11 of 25 RN signatures on the signing sheet or 44 per cent as having received the information package, and
- 5 of 11 signatures or 45 per cent, were not dated to confirm training was received prior to July 4, 2017.

The RPN signing sheets were reviewed by staff assignment on each floor. Staff signatures and dates were found to be missing as follows:

- first floor, not available to the Inspector
- second floor, "2 out of 13 or 15 per cent of the dates were missing from the second floor sheets",
- third floor, "2 out of 9 or 22 per cent of the dates were missing from the third floor sheets",
- fourth floor, "8 out of 8 or 100 per cent of the dates were missing from the fourth floor sheets",
- fifth floor, "3 out of 9 or 33 per cent of the dates were missing from the fifth floor sheets",
- sixth floor, "9 out of 9 or 100 per cent of the dates were missing from the sixth floor sheets", and
- seventh floor, "8 out of 8 or 100 per cent of the dates were missing from the seventh floor sheets".

In addition, the Inspector reviewed the summary in percentages as provided by the DOC of registered staff trained by the compliance date of July 4, 2017:

- RNs, "4 out of 17 RNs or 24 per cent were not trained by the compliance due date"
- Full time RPNs, "4 out of 47 RPNs or 9 per cent were not trained by the compliance due date"



date"

-Part-time RPNs, "2 out of 17 RPNs or 12 per cent were not trained by the compliance due date"

-Casual RPNs, "6 out of 10 RPNs or 60 per cent were not trained by the compliance due date"

During an interview with the DOC on August 25, 2017, they had reported to the Inspector that the signing sheets for unit One North and all of the units on floors 4 and 5 were missing. On September 20, 2017, during a phone interview with the DOC, they confirmed to the Inspector that these missing records had not been located. The DOC also confirmed to the Inspector that based on the incomplete records, they were not able to confirm that all registered staff had been trained prior to the compliance due date of July 4, 2017.

2) Related to part two of the order, the home failed to ensure that the registered staff members documented and processed referrals to the RD as required. The home was to ensure that registered staff documented and processed referrals to the RD as required. Resident #011 had been previously identified in the compliance order related to weight changes.

The Inspector reviewed resident #011's weight records for a two month period which identified a change in their weight of 4.7 per cent over one month. Documentation by the PSW staff identified that notification of resident #011's weight change to the registered staff was not completed.

The Inspector reviewed resident #011's most recent nutrition assessment documented by the RD which identified the resident at high nutritional risk.

A review of the home's policy titled "Weight Changes, LTC 5-10", dated September 2016, identified that "a significant weight change was defined as: 1) a weight loss or gain of more than 5 per cent of previous weight (or usual body weight in a period of one month); or 2) a weight loss or gain of more than 7.5 per cent of previous weight (or usual body weight) in period of three months...". The procedure for obtaining resident's weights included that the PSW documented the monthly weight and weight change in MED e-care, and reported the significant weight change to the registered staff. The registered staff were then to refer the resident to the RD using an electronic referral form.

On August 23, 2017, during interviews with RPN #121 and RPN #142, they both stated to



the Inspector that once the PSW obtained the monthly weights of residents, identified, verified and documented a resident's significant weight change, they notified the registered staff of the weight change. The registered staff then submitted an electronic referral to the RD and documented the same in progress notes. Both RPNs reviewed resident #011's documentation and confirmed that resident #011's weight change was not communicated to the registered staff and a referral to the RD was not done.

During an interview with RD #124 they confirmed that resident #011 was assessed to have a high nutritional risk and confirmed that they had not received a referral for resident #011 related to the weight change.

During the Inspector's interview with Clinical Manager (CM) #136 they stated that in the weight monitoring process, when a resident's weight change met the home's criteria for a nutrition referral to the RD, the registered staff should have submitted the referral and documented their action in progress notes.

2. On August 28, 2017, during a staff interview with RPN #125, resident #036 was identified to Inspector #616 as having had a weight change over the past month.

The Inspector reviewed resident #036's weight records for a two month period that identified a weight change of 5.1 per cent over one month.

The Inspector reviewed resident #036's most recent nutrition assessment documented by the RD which identified the resident as a high nutrition risk.

During staff interviews with PSW #130 and PSW #171 separately, they both stated to the Inspector that the weight documentation process included that the PSW staff obtained the resident's weight and documented the weight on the paper record "Monthly Weight Process". They both stated that the registered staff generally entered the weights from the paper record to the electronic record in MED e-care.

During an interview with RPN #125, they explained to the Inspector the home's procedure for resident weight documentation and RD referral. RPN #125 reported that it was the responsibility for the PSW staff to obtain the resident's weight, document the weight in the paper and electronic record, MED e-care. Any resident weight changes were to be communicated from the PSW to the registered staff. The registered staff were then responsible to complete an electronic nutrition referral to the RD and document the same in the resident's progress notes. RPN #125 reviewed resident #036's progress



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notes and then confirmed to the Inspector that their weight change had not been documented, nor was there record of a referral to the RD.

In an interview with RD #124 they confirmed to the Inspector that resident #036 was assessed as a high nutrition risk. They also confirmed that they had not received a nutrition referral from registered staff based on the documented weight change but should have.

Additional Required Actions:

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

Issued on this 20th day of October, 2017

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

Original report signed by the inspector.



Ministry of Health and
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Ministère de la Santé et
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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) : SHEILA CLARK (617), JENNIFER KOSS (616)

Inspection No. /

No de l'inspection : 2017_509617_0019

Log No. /

No de registre : 011148-17

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Oct 11, 2017

Licensee /

Titulaire de permis : ST. JOSEPH'S CARE GROUP
35 NORTH ALGOMA STREET, P.O. BOX3251,
THUNDER BAY, ON, P7B-5G7

LTC Home /

Foyer de SLD : HOGARTH RIVERVIEW MANOR
300 LILLIE STREET, THUNDER BAY, ON, P7C-4Y7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lina Johnson

To ST. JOSEPH'S CARE GROUP, you are hereby required to comply with the following order(s) by the date(s) set out below:

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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Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2017_624196_0005, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 69. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Order / Ordre :

The licensee is ordered to:

- 1) Provide training to all the registered staff members regarding the home's written policy and the process in which a referral is to be made to the Registered Dietitian (RD) in accordance with O. Reg. 79/10, s. 69.
- 2) Keep a record of the education content, names of all registered staff trained, and dates when the training is completed.
- 3) Ensure that the registered staff members document and process referrals to the RD as required related to weight changes in O. Reg. 79/10, s. 69.
- 4) Develop, implement, and maintain records for an auditing process to ensure that staff document and process the referrals to the RD; in addition, where the auditing process identifies that the referrals were not documented and processed, action is taken.

Grounds / Motifs :

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1. 1. The licensee has failed to ensure that residents with the following weight change were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated:

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Inspector #616 followed up on outstanding Compliance Order (CO) #001 issued during inspection #2017_624196_0005 with a compliance date of July 4, 2017. The home was ordered to:

1) Provide training to the registered staff members regarding the home's written policy and the process in which a referral is to be made to the Registered Dietitian (RD). The home was to keep a record of who provided the training, the content and dates of the training and the names of the attendees.

2) Ensure that the registered staff members documented and processed referrals to the Registered Dietitian (RD) as required.

3) Conduct monthly audits of significant resident weight changes to evaluate the training of the registered nursing staff members and to ensure the home's policy was being followed. The home was to be compliant with staff training and auditing (part one and three) by July 4, 2017.

Inspection of CO #001 identified non-compliance pursuant to O. Reg. 79/10, s. 69, as follows:

1) Related to part one of the order, the home failed to provide training to all the registered staff members regarding the home's written policy and the process in which a referral was to be made to the RD. The home failed to keep a record of who provided the training, the content and dates of the training and the names of the attendees.

Inspector #616 reviewed the home's records related to training of registered staff by the compliance date of July 4, 2017, regarding the home's written policy and the process in which a referral was to be made to the RD.

The Inspector reviewed the training records which included signing sheets by

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the registered staff, as well as numbers of staff trained with percentages provided by the Director of Care (DOC) on August 25, 2017.

The staff training records consisted of RN and RPN specific "Information Package Signing Sheets". The Inspector reviewed the pre-printed RN signing sheet that identified 21 registered nurses (not including one RN identified on sick leave). However, this list was not inclusive of all RNs as there had been four names hand-written that brought the total RNs to 25 and the following information was identified by the Inspector:

- 11 of 25 RN signatures on the signing sheet or 44 per cent as having received the information package, and
- 5 of 11 signatures or 45 per cent, were not dated to confirm training was received prior to July 4, 2017.

The RPN signing sheets were reviewed by staff assignment on each floor. Staff signatures and dates were found to be missing as follows:

- first floor, not available to the Inspector
- second floor, "2 out of 13 or 15 per cent of the dates were missing from the second floor sheets",
- third floor, "2 out of 9 or 22 per cent of the dates were missing from the third floor sheets",
- fourth floor, "8 out of 8 or 100 per cent of the dates were missing from the fourth floor sheets",
- fifth floor, "3 out of 9 or 33 per cent of the dates were missing from the fifth floor sheets",
- sixth floor, "9 out of 9 or 100 per cent of the dates were missing from the sixth floor sheets", and
- seventh floor, "8 out of 8 or 100 per cent of the dates were missing from the seventh floor sheets".

In addition, the Inspector reviewed the summary in percentages as provided by the DOC of registered staff trained by the compliance date of July 4, 2017:

- RNs, "4 out of 17 RNs or 24 per cent were not trained by the compliance due date"
- Full time RPNs, "4 out of 47 RPNs or 9 per cent were not trained by the compliance due date"

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- Part-time RPNs, "2 out of 17 RPNs or 12 per cent were not trained by the compliance due date"
- Casual RPNs, "6 out of 10 RPNs or 60 per cent were not trained by the compliance due date"

During an interview with the DOC on August 25, 2017, they had reported to the Inspector that the signing sheets for unit One North and all of the units on floors 4 and 5 were missing. On September 20, 2017, during a phone interview with the DOC, they confirmed to the Inspector that these missing records had not been located. The DOC also confirmed to the Inspector that based on the incomplete records, they were not able to confirm that all registered staff had been trained prior to the compliance due date of July 4, 2017.

2) Related to part two of the order, the home failed to ensure that the registered staff members documented and processed referrals to the RD as required. The home was to ensure that registered staff documented and processed referrals to the RD as required. Resident #011 had been previously identified in the compliance order related to weight changes.

The Inspector reviewed resident #011's weight records for a two month period which identified a change in their weight of 4.7 per cent over one month. Documentation by the PSW staff identified that notification of resident #011's weight change to the registered staff was not completed.

The Inspector reviewed resident #011's most recent nutrition assessment documented by the RD which identified the resident at high nutritional risk.

A review of the home's policy titled "Weight Changes, LTC 5-10", dated September 2016, identified that "a significant weight change was defined as: 1) a weight loss or gain of more than 5 per cent of previous weight (or usual body weight in a period of one month); or 2) a weight loss or gain of more than 7.5 per cent of previous weight (or usual body weight) in period of three months...". The procedure for obtaining resident's weights included that the PSW documented the monthly weight and weight change in MED e-care, and reported the significant weight change to the registered staff. The registered staff were then to refer the resident to the RD using an electronic referral form.

On August 23, 2017, during interviews with RPN #121 and RPN #142, they both stated to the Inspector that once the PSW obtained the monthly weights of

residents, identified, verified and documented a resident's significant weight change, they notified the registered staff of the weight change. The registered staff then submitted an electronic referral to the RD and documented the same in progress notes. Both RPNs reviewed resident #011's documentation and confirmed that resident #011's weight change was not communicated to the registered staff and a referral to the RD was not done.

During an interview with RD #124 they confirmed that resident #011 was assessed to have a high nutritional risk and confirmed that they had not received a referral for resident #011 related to the weight change.

During the Inspector's interview with Clinical Manager (CM) #136 they stated that in the weight monitoring process, when a resident's weight change met the home's criteria for a nutrition referral to the RD, the registered staff should have submitted the referral and documented their action in progress notes. (616)

2. 2. On August 28, 2017, during a staff interview with RPN #125, resident #036 was identified to Inspector #616 as having had a weight change over the past month.

The Inspector reviewed resident #036's weight records for a two month period that identified a weight change of 5.1 per cent over one month.

The Inspector reviewed resident #036's most recent nutrition assessment documented by the RD which identified the resident as a high nutrition risk.

During staff interviews with PSW #130 and PSW #171 separately, they both stated to the Inspector that the weight documentation process included that the PSW staff obtained the resident's weight and documented the weight on the paper record "Monthly Weight Process". They both stated that the registered staff generally entered the weights from the paper record to the electronic record in MED e-care.

During an interview with RPN #125, they explained to the Inspector the home's procedure for resident weight documentation and RD referral. RPN #125 reported that it was the responsibility for the PSW staff to obtain the resident's weight, document the weight in the paper and electronic record, MED e-care. Any resident weight changes were to be communicated from the PSW to the registered staff. The registered staff were then responsible to complete an



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electronic nutrition referral to the RD and document the same in the resident's progress notes. RPN #125 reviewed resident #036's progress notes and then confirmed to the Inspector that their weight change had not been documented, nor was there record of a referral to the RD.

In an interview with RD #124 they confirmed to the Inspector that resident #036 was assessed as a high nutrition risk. They also confirmed that they had not received a nutrition referral from registered staff based on the documented weight change but should have.

The decision to re-issue a CO was based on the home's ongoing non-compliance with this section of the legislation, and although the scope was isolated, the severity for potential harm to residents with weight changes pursuant to O. Reg. 79/10, s. 69, was determined. The home had a history of non-compliance in this area of the legislation as follows:

- a second CO during RQI inspection #2017_624196_0005 related to nutrition and hydration, issued on May 21, 2017, re-issued in this inspection,
- a VPC related to nutrition and hydration during RQI inspection #2016_435621_0012;
- a VPC related to nutrition and hydration during Complaint inspection #2016_333577_0011; and
- a VPC related to nutrition and hydration during RQI inspection #2015_333577_0012. (616)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 01, 2017



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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, 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



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de soins de longue durée, L.O. 2007, chap. 8*

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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**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 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



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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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

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 11th day of October, 2017

**Signature of Inspector /
Signature de l'inspecteur :**



**Ministry of Health and
Long-Term Care**

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

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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

Name of Inspector /

Sheila Clark

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Sudbury Service Area Office