



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

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

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

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

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

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

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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
Jun 21, 2018	2018_657681_0010	010484-18	Resident Quality Inspection

Licensee/Titulaire de permis

Hornepayne Community Hospital
278 Front Street P.O. Box 190 HORNEPAYNE ON P0M 1Z0

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

Hornepayne Community Hospital
278 Front Street P.O. Box 190 HORNEPAYNE ON P0M 1Z0

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

STEPHANIE DONI (681), AMY GEAUVREAU (642)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): June 12 - 15, 2018.

The following intakes were inspected during this Resident Quality Inspection:

-One intake related to CO #001 from Inspection report #2017_652625_0014, s. 8 (1) (b) of the Ontario Regulation 79/10, specific to the home's written policy to minimize the restraining of residents.

-One intake related to CO #002 from Inspection report #2017_652625_0014, s. 48 (1) (2) of the Ontario Regulation 79/10, specific to the home's Skin and Wound Care Program.

-One intake related to CO #003 from Inspection report #2017_652625_0014, s. 48 (1) (3) of the Ontario Regulation 79/10, specific to the home's Continence Care and Bowel Management Program.

-One intake related to CO #004 from Inspection report #2017_652625_0014, s. 48 (1) (4) of the Ontario Regulation 79/10, specific to the home's Pain Management Program.

-One intake related to a fall that resulted in injury to a resident.

During the course of the inspection, the inspector(s) spoke with Administrator/Director of Care (DOC), Manager of Dietary, Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Cooks, Dietary Aides, family members, and residents.

The Inspectors also conducted a tour of the resident care areas, reviewed relevant resident care records, home investigation notes, home policies, and observed resident rooms, resident common areas, and the delivery of resident care and services, including resident-staff interactions.

The following Inspection Protocols were used during this inspection:



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**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Residents' Council**

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

**3 WN(s)
1 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)**

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

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



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 48. (1)	CO #002	2017_652625_0014		681
O.Reg 79/10 s. 48. (1)	CO #003	2017_652625_0014		681
O.Reg 79/10 s. 48. (1)	CO #004	2017_652625_0014		681
O.Reg 79/10 s. 8. (1)	CO #001	2017_652625_0014		681



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning



Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner; O. Reg. 79/10, s. 71 (1).

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

On a specified date, Inspector #681 observed the supper meal in the home's dining room. The Inspector observed the dessert tray, which contained coconut cream pudding, and what appeared to be, pistachio pudding. Inspector observed that none of the desserts on the dessert tray were labelled. During an interview with PSW #101, they stated that dessert for supper on that date was coconut cream pudding or pistachio pudding and that either of these desserts could be served to any of the residents. The Inspector proceeded to speak with Cook #109, who indicated that dessert for the supper meal was coconut cream pudding or diet lime Jell-O whip for residents who were on a diabetic diet.

The Inspector reviewed the home's menu, which indicated that the dessert at supper on the specified date was supposed to be coconut cream pudding. There was no documentation to indicate that resident's on a therapeutic or textured modified diet were to receive a different dessert option at this meal.

During separate interviews with Dietary Aide #102 and Cook #103, they indicated that



when a menu item was not appropriate for a particular therapeutic diet, a menu substitution was made based on the discretion of the cook who was preparing the meal. Dietary Aide #102 and Cook #103 stated that there was no specific written documentation to indicate what menu changes or substitutions should be made for residents receiving a therapeutic diet.

During an interview with the Manager of Dietary, they verified that there was not a specific menu for residents who were receiving a therapeutic diet. The Manager of Dietary stated that menu substitutions for therapeutic diets were based on the cook's discretion and the availability of food items in the kitchen. [s. 71. (1) (b)]

2. The licensee has failed to ensure that the home's menu cycle, included alternative choices of entrees, vegetables and desserts at lunch and dinner.

Inspector #681 completed dining observations on three separate dates. During each of these meal observations, the Inspector observed that an alternate entree, vegetable, and dessert choice were not available to residents.

The Inspector reviewed the home's menu, which indicated that an alternate entree, vegetable, and dessert were not available at lunch or supper. The menu did identify a sandwich alternative that was available at lunch, but no sandwich alternative was listed at supper.

During an interview with Dietary Aide #102, they stated that nursing staff communicated the planned meal for lunch and supper the next day and that, if a resident did not want the meal, they were offered a sandwich as an alternative.

During an interview with the Manager of Dietary, they stated that there was a "daily special" sandwich listed on the menu as an alternative at lunch, but there was also a standing list of sandwiches that were always available at both lunch and supper. The Manager of Dietary acknowledged that an alternate entree, vegetable, and dessert were not available to the residents of the home at lunch or supper. [s. 71. (1) (c)]

3. The licensee has failed to ensure that the home's menu cycle was approved by a registered dietitian who was a member of the staff of the home.

During an interview with RD #104, they indicated that they had no involvement in developing or reviewing the home's menu.



The Inspector reviewed the home's policy titled "Cycle Menus", effective June 21, 2017, which indicated that menus were to be implemented by the Dietary Manager in conjunction with the Dietitian.

During an interview with the Manager of Dietary, they stated that a new Spring/Summer menu was implemented in April 2018, but that the home's RD had not been consulted regarding this menu. [s. 71. (1) (e)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

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

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

Findings/Faits saillants :

1. The licensee has failed to ensure that the nutrition care and dietary services program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Inspector #681 requested a copy of the home's Nutrition Care and Hydration Program from the Manager of Dietary. The Inspector was provided with two separate binders of policies. The first binder contained policies related to dietary services in the home and the second binder contained policies related to the nutrition and hydration care of residents.

The Inspector reviewed the binder of policies related to nutrition and hydration care of residents and noted that these policies had not been reviewed or updated in the previous year.

During an interview with RD #104, they indicated that they had been providing dietetic services to the home for the last five years. RD #104 stated that they had not been involved in developing or reviewing nutrition or dietary services policies because the review of these policies had previously been completed by another dietitian.

During an interview with the Manager of Dietary, they stated that they had been transitioning into the role of dietary manager over the past year, and that in this year, they were not aware of the nutrition and hydration care policies being reviewed or revised. [s. 30. (1) 3.]

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



Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was in compliance with and was implemented in accordance with all applicable requirements under the Act.

Section 135 (3) of the Ontario Regulation 79/10, requires that a quarterly review be undertaken of all medication incidents and adverse drug reactions and that any changes and improvements identified in the review are implemented. A written record must also be kept of the review and the changes and improvements that were implemented.

Inspector #642 requested of the Administrator, the written record of the quarterly review of all medication incidents and drug reactions, and any changes and improvements identified in the review were implemented, and the written records.

The Inspector reviewed the home's policy titled, "Medication Incidents- NUR-MED-06," dated, May 18, 2017. In contrast to the above mentioned legislation, the home's policy indicated that the analysis of medication incidents were to be reviewed once every six to eight months and an analysis was to be done to find trends. The policy failed to indicate that a record of the quarterly review was to be kept. [s. 8. (1) (a)]



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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 where the Act or Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy is in compliance with and is implemented in accordance with all applicable requirements under the Act, to be implemented voluntarily.

Issued on this 21st day of June, 2018

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) : STEPHANIE DONI (681), AMY GEAUVREAU (642)

Inspection No. /

No de l'inspection : 2018_657681_0010

Log No. /

No de registre : 010484-18

Type of Inspection /

Genre d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jun 21, 2018

Licensee /

Titulaire de permis : Hornepayne Community Hospital
278 Front Street, P.O. Box 190, HORNEPAYNE, ON,
P0M-1Z0

LTC Home /

Foyer de SLD : Hornepayne Community Hospital
278 Front Street, P.O. Box 190, HORNEPAYNE, ON,
P0M-1Z0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Alison Morrison

To Hornepayne Community Hospital, 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

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

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

O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

- (a) is a minimum of 21 days in duration;
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
- (d) includes alternative beverage choices at meals and snacks;
- (e) is approved by a registered dietitian who is a member of the staff of the home;
- (f) is reviewed by the Residents' Council for the home; and
- (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Order / Ordre :

The licensee must be compliant with section 71 (1) (b) and section 71 (1) (e) of the Ontario Regulation 79/10.

Specifically the licensee must:

- a) Ensure that the home's menu cycle includes menus for regular, therapeutic, and textured modified diets.
- b) Ensure that the home's menu cycle is approved by a Registered Dietitian who is a member of the staff of the home.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's menu cycle included menus for regular, therapeutic and texture modified diets for both meals and snacks.

On a specified date, Inspector #681 observed the supper meal in the home's dining room. The Inspector observed the dessert tray, which contained coconut cream pudding, and what appeared to be, pistachio pudding. Inspector observed

that none of the desserts on the dessert tray were labelled. During an interview with PSW #101, they stated that dessert for supper on that date was coconut cream pudding or pistachio pudding and that either of these desserts could be served to any of the residents. The Inspector proceeded to speak with Cook #109, who indicated that dessert for the supper meal was coconut cream pudding or diet lime Jell-O whip for residents who were on a diabetic diet.

The Inspector reviewed the home's menu, which indicated that the dessert at supper on the specified date was supposed to be coconut cream pudding. There was no documentation to indicate that resident's on a therapeutic or textured modified diet were to receive a different dessert option at this meal.

During separate interviews with Dietary Aide #102 and Cook #103, they indicated that when a menu item was not appropriate for a particular therapeutic diet, a menu substitution was made based on the discretion of the cook who was preparing the meal. Dietary Aide #102 and Cook #103 stated that there was no specific written documentation to indicate what menu changes or substitutions should be made for residents receiving a therapeutic diet.

During an interview with the Manager of Dietary, they verified that there was not a specific menu for residents who were receiving a therapeutic diet. The Manager of Dietary stated that menu substitutions for therapeutic diets were based on the cook's discretion and the availability of food items in the kitchen. (681)

2. The licensee has failed to ensure that the home's menu cycle was approved by a registered dietitian who was a member of the staff of the home.

During an interview with RD #104, they indicated that they had no involvement in developing or reviewing the home's menu.

The Inspector reviewed the home's policy titled "Cycle Menus", effective June 21, 2017, which indicated that menus were to be implemented by the Dietary Manager in conjunction with the Dietitian.

During an interview with the Manager of Dietary, they stated that a new Spring/Summer menu was implemented in April 2018, but that the home's RD had not been consulted regarding this menu.



**Ministry of Health and
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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*

**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*

Although there was no previous history of non-compliance, the decision to issue this compliance order was based on the severity, which was determined to be a level two, as there was minimal harm or potential for actual harm, as well as, the scope, which was determined to be a level three because it impacted all of the residents in the home. (681)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 28, 2018



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 : 002

Order Type /

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

Pursuant to / Aux termes de :

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

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

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

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

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Order / Ordre :



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**Ministère de la Santé et
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

The licensee must be compliant with s. 30 (1) (3) of the Ontario Regulation 79/10.

Specifically the licensee must:

- a) Ensure that the nutrition care and hydration program is evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
- b) Ensure that the nutrition and hydration program meets the requirements identified in the Ontario Regulation 79/10, s. 68 – s. 74.
- c) Ensure that the home's Registered Dietitian is involved in the evaluation and revision of the policies and procedures related to the home's nutrition care and hydration program.

Grounds / Motifs :



Order(s) of the Inspector

Pursuant to section 153 and/or
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Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

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1. The licensee has failed to ensure that the nutrition care and dietary services program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Inspector #681 requested a copy of the home's Nutrition Care and Hydration Program from the Manager of Dietary. The Inspector was provided with two separate binders of policies. The first binder contained policies related to dietary services in the home and the second binder contained policies related to the nutrition and hydration care of residents.

The Inspector reviewed the binder of policies related to nutrition and hydration care of residents and noted that these policies had not been reviewed or updated in the previous year.

During an interview with RD #104, they indicated that they had been providing dietetic services to the home for the last five years. RD #104 stated that they had not been involved in developing or reviewing nutrition or dietary services policies because the review of these policies had previously been completed by another dietitian.

During an interview with the Manager of Dietary, they stated that they had been transitioning into the role of dietary manager over the past year, and that in this year, they were not aware of the nutrition and hydration care policies being reviewed or revised.

The severity of this issue was determined to be a level one, as there was minimal risk to the residents of the home. The scope of the issue was a level three, as it related to all the residents in the home. The home had a level three compliance history, as they had previous non-compliance with this section of the Ontario Regulation 79/10 that included a written notification (WN) issued November 10, 2016, (#2016_269627_0021).

(681)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 28, 2018



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

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



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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, 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, 11^e 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 21st day of June, 2018

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



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Name of Inspector /

Stephanie Doni

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : Sudbury Service Area Office