



**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 prévue
le Loi de 2007 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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jan 28, 2016;	2015_189120_0008 (A1)	H-001712-14	Critical Incident System

Licensee/Titulaire de permis

NIAGARA HEALTH SYSTEM
63 THIRD STREET WELLAND HOSPITAL SITE WELLAND ON L3B 4W6

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

NIAGARA HEALTH SYSTEM, WELLAND HOSPITAL SITE, EXTENDED CARE UNIT
155 Ontario Street St. Catharines ON L2R 5K3

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

BERNADETTE SUSNIK (120) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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The compliance due date for Order #002 (related to maintenance of the home) is being extended from January 1, 2016 to September 30, 2016.

Issued on this 28 day of January 2016 (A1)

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

Original report signed by the inspector.



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BERNADETTE SUSNIK (120) - (A1)

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

This inspection was conducted on the following date(s): January 20, 2015

Critical Incident #2607-000019-14 dated December 8, 2014 regarding an incremental unit that began to smoke due to a faulty switch.

During the course of the inspection, the inspector(s) spoke with the Administrator and Facility Services Supervisor regarding the home's heating and cooling equipment. The Inspector toured the home and reviewed the preventive maintenance procedures associated with the home's incremental heating and cooling units and verified lighting levels throughout the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

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

2 WN(s)

2 VPC(s)

2 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
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 O.Reg 79/10, s. 90. Maintenance services



Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

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

Findings/Faits saillants :

1. The licensee did not ensure that schedules and procedures were in place for routine, preventive and remedial maintenance.

During a tour of the home on January 20 and 21, 2015, many resident rooms and resident ensuite washrooms were observed to have flooring material in poor condition.

The Administrator and Facility Services Supervisor were aware that the flooring material was ripped, lifting or split but were not able to provide a schedule for the remedial work to correct the issue. A review of the home's policies and procedures revealed that no procedures or a schedule was in place for the preventive maintenance checks of floors, walls, doors, windows, fixtures, beds, furnishings, lights, ceilings, toilets, sinks, grab bars and other common surfaces/items of the home.

During the visit, the following was identified:

A. Built-in fixed wardrobes/chest of drawers were observed to be missing trim, exposing small finishing nails and particle board. In other rooms, the furniture was heavily damaged exposing large areas of particle board, making it sharp and jagged. (i.e 02, 11, 12)

B. Corner wall damage severe and very sharp/jagged in room 11 near bed C. A hole in the wall behind a portable shelving unit was identified by the resident who reported that it had been present for many months.

C. Bed side rails were observed to be rusty in but not limited to rooms 02, 11, 14, 17, 21, 109, 113, 115 and 120.

D. Damaged flooring (raised hole in flooring material) under beds in but not limited to bedrooms 01, 07, 10, 19, 20, and flooring split and lifting in but not limited to



bathrooms 04, 14, 15, 16 and 20.

E. Night tables in but not limited to rooms 12 and 123 were in poor condition with particle board exposed along the top edge. [s. 90(1)(b)]

2. The licensee did not ensure that procedures were implemented to ensure that the heating, ventilation and air conditioning systems were cleaned and inspected at least every six months by a certified individual and that documentation was kept of the inspection.

The home's resident rooms and common spaces were toured on January 20, 2015 and observed to be equipped with individual incremental heating and cooling units. According to the Facility Services Supervisor (FSS), the units were interconnected with a piping system that led to a chiller and hot water boilers. During summer months the units received chilled water to provide cooling and in the winter months the units received hot water for heating. Some of the units were controlled by a thermostat located on a wall within the room and other units were controlled with a switch on the unit. The FSS confirmed that on December 8, 2014 a switch located on the unit located in the home's chapel malfunctioned and began to smoke. The FSS was asked to provide documentation to support whether or not all of the units were inspected and cleaned twice in 2014, however none could be provided as no inspections or cleaning took place in 2014. The FSS reported that all of the units were scheduled to be cleaned and inspected beginning March 2015. [s. 90(2)(c)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 002



VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the heating, ventilation and air conditioning systems are cleaned and inspected at least every six months by a certified individual and that documentation of the inspection is kept, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout

In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux

All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :



1. The licensee did not ensure that the minimum requirements set out in the lighting Table were maintained.

The home was built prior to 2009 and the section of the lighting table that applies is titled "All other homes". On January 20 and 21, 2015, various corridors, resident bedrooms, washrooms, dining rooms and common spaces were measured to determine compliance with the lighting table.

Verification was made that all resident rooms were similarly designed and equipped with a pot light not quite centrally located in each room, an over bed light and a pot light over the built-in wardrobe/dressers. Room 010 was tested and used as a representative of all the rooms. The window covers were drawn and time was given for all of the light fixtures to warm up after being turned on. The portable light meter that was used was held at a standard 30 inches above the floor in and around the bed area. The illumination level was 125 lux under the pot light. Very little spread was achieved by the pot light and as a result, the lux dropped to 50 at the entry to the room and by the foot of the second bed located by the window. The over bed lights were adequate and over 400 lux, however by the time the meter was held on either side of the bed centrally, the lux dropped to 100-190. A general lux level of 215.28 is required in and around the sides and foot of the bed, entry to the room and areas where an activity such as dressing, walking or sitting and reading would take place.

The main sitting area near the front entrance was equipped with fluorescent tube lights mounted flush to the ceiling, set 10 feet apart. Directly under each fixture, the lux was adequate at 400 lux, however the lux was 100-150 lux between the fixtures. The area by the piano was 50 lux.

A sitting area with a television set near a nurse's station was equipped with 5 fluorescent lights set 12 feet apart. No light fixtures were provided in the centre of the room and the lux was 125 lux.

Corridor lighting was not adequate between room 01 and the clean utility room. No light fixtures were provided for approximately 14 feet of corridor length. In some sections of the same corridor, where the lights did not all appear as bright, between rooms 01 and 09, the lux level was 190 to 400 lux. A continuous and consistent minimum of 215.28 lux was not provided. [s. 18]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the lighting requirements set out in the Table to this section are maintained, to be implemented voluntarily.



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Issued on this 28 day of January 2016 (A1)

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 des
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Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : BERNADETTE SUSNIK (120) - (A1)

Inspection No. /

No de l'inspection : 2015_189120_0008 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : H-001712-14 (A1)

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jan 28, 2016;(A1)

Licensee /

Titulaire de permis : NIAGARA HEALTH SYSTEM
63 THIRD STREET, WELLAND HOSPITAL SITE,
WELLAND, ON, L3B-4W6

LTC Home /

Foyer de SLD : NIAGARA HEALTH SYSTEM, WELLAND
HOSPITAL SITE, EXTENDED CARE UNIT
155 Ontario Street, St. Catharines, ON, L2R-5K3



Order(s) of the Inspector

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Pursuant to section 153 and/or
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l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Colleen Winger

To NIAGARA HEALTH SYSTEM, 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)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :



**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

The licensee shall complete the following:

1. Develop a preventive maintenance audit check list for floors, walls, doors, windows, light fixtures, beds, furnishings, ceilings, vanities, plumbing fixtures (toilets, sinks, mirrors, grab bars, tubs, shower hoses) and other common surfaces/items located in resident rooms, ensuite washrooms, common washrooms, tub/shower rooms and common areas.
2. Develop guidelines and procedures for completing the audit, who will complete the audit, describe the acceptable conditions for the above surfaces/furnishings/fixtures and the expected course of action to be taken when identified to be non-compliant.
3. Develop a schedule as to how often the maintenance audits will be completed and by whom.
4. Complete a maintenance audit of all resident rooms, ensuite washrooms, common washrooms, common spaces and tub/shower rooms and document the findings.

The above noted requirements shall be implemented by May 29, 2015.



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Grounds / Motifs :

1. The licensee did not ensure that schedules and procedures were in place for routine, preventive and remedial maintenance.

During a tour of the home on January 20 and 21, 2015, many resident rooms and resident ensuite washrooms were observed to have flooring material in poor condition. The Administrator and Facility Services Supervisor was aware that the flooring material was ripped, lifting or split but was not able to provide a schedule for the remedial work to correct the issue. A review of the home's policies and procedures revealed that no procedures or a schedule was in place for the preventive maintenance checks of floors, walls, doors, windows, fixtures, beds, furnishings, lights, ceilings, toilets, sinks, grab bars and other common surfaces/items of the home. During the visit, the following was identified:

- A. Built-in fixed wardrobes/chest of drawers were observed to be missing trim, exposing small finishing nails and particle board. In other rooms, the furniture was heavily damaged exposing large areas of particle board, making it sharp and jagged. (i.e 02, 11, 12)
- B. Corner wall damage severe and very sharp/jagged in room 11 near bed C. A hole in the wall behind a portable shelving unit was identified by the resident who reported that it had been present for many months.
- C. Bed side rails were observed to be rusty in but not limited to rooms 02, 11, 14, 17, 21, 109, 113, 115 and 120.
- D. Damaged flooring (raised hole in flooring material) under beds in but not limited to bedrooms 01, 07, 10, 19, 20, and flooring split and lifting in but not limited to bathrooms 04, 14, 15, 16 and 20.
- E. Night tables in but not limited to rooms 12 and 123 were in poor condition with particle board exposed along the top edge.
(120)

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

May 29, 2015



**Ministry of Health and
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O. 2007, chap. 8

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Order / Ordre :



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(A1)

The licensee shall prepare and submit a plan that describes the following at a minimum:

1. Who will repair or replace all of the damaged flooring material located in resident ensuite washrooms and bedrooms and a time frame for the work to be completed;
2. Who will repair or replace the damaged night tables within the home and a time frame for the work to be completed;
3. Who will resurface the rusty bed rails identified in the home and a time frame for the work to be completed;
4. Who will repair or re-surface the damaged walls in room 11 and the damaged furnishings in rooms 02, 11 and 12 and a time frame for the work to be completed.

The plan shall be submitted to Bernadette.susnik@ontario.ca by March 31, 2015. The plan shall be implemented by September 30, 2016. Should any compliance date require an extension, please contact the Inspector at least 2 weeks prior.



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D. Damaged flooring (raised hole in flooring material) under beds in but not limited to bedrooms 01, 07, 10, 19, 20, and flooring split and lifting in but not limited to bathrooms 04, 14, 15, 16 and 20.

E. Night tables in but not limited to rooms 12 and 123 were in poor condition with particle board exposed along the top edge.
(120)

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

Sep 30, 2016(A1)



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

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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



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

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

**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

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, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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.

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
Toronto ON M5S 2B1
Télécopieur : 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 28 day of January 2016 (A1)

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

**Name of Inspector /
Nom de l'inspecteur :**

BERNADETTE SUSNIK

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

Hamilton