



**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 25, 2018	2018_324535_0006	024317-17, 003173-18	Complaint

**Licensee/Titulaire de permis**

Nisbet Lodge  
740 Pape Avenue TORONTO ON M4K 3S7

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

Nisbet Lodge  
740 Pape Avenue TORONTO ON M4K 3S7

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

VERON ASH (535)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): May 2, 3, 4, June 15, 22, 2018.**

**The following intakes were completed in this complaint inspection: Log #003173-18 and Log #024317-17 were related to accommodation charges.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Finance, Director of Care (DOC), Social Worker (SW), and substitute decision-maker.**

**During the course of the inspection, the inspector conducted financial record reviews, interviews and reviewed relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Resident Charges**

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

**3 WN(s)**

**1 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 LTCHA, 2007 S.O. 2007, c.8, s. 91.  
Resident charges**
**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #008 was not charged for anything, except in accordance with the following: For basic accommodation, a resident shall not be charged more than the amount provided for in the regulations for the accommodation provided.

The Ministry of Health (MOH) received a letter of complaint on an identified date and a



complaint on another identified date related to resident #008's monthly accommodation charges.

According to the regulations, long-term care (LTC) homes are required to complete an application for basic accommodation rate reduction for residents with basic accommodation whose annual income is below the minimum required level. The Ministry of Health (MOH) provides eligible residents who are approved for basic accommodation rate reduction with a monthly allowance called the comfort allowance. When the amount of the comfort allowance is increased; the MOH would alert long-term care homes by forwarding a letter indicating the difference in the previous and current amounts; and the effective implementation date. The regulations also dictates that an increase in residents' comfort allowance would subsequently cause a reduction in the monthly accommodation rate by that same amount.

A review of the MOH long-term care homes' website indicated that on an identified date, a bulletin was posted to the website with the revised accommodation rates and an effective date. And, shortly after the new accommodation rates was effective, long-term care homes received a letter from the MOH indicating an increase in eligible residents' comfort allowance from the previous amount to the current amount.

During an interview, the Director of Finance (DOF) verified that they received the MOH bulletin on the long-term care homes website which outlines the basic accommodation rate for the upcoming term. And, they verified that long-term care homes are required to notify residents and substitute decision-makers of the adjusted maximum amount payable (maximum accommodation rate subtract the difference in the comfort allowance) for the monthly basic accommodation as determined by the Director.

Record review indicated and an interview with resident #008's substitute decision-maker (SDM) verified that resident #008's SDM approached the home's DOF regarding the issue of reducing the accommodation rate based on the increase comfort allowance, as the home was charging the resident the maximum accommodation rate plus the reduction amount (the difference in the new comfort allowance) each month.

A review of resident #008's monthly statement of account indicated that the increase in comfort allowance was not applied to the resident's monthly accommodation rate for an extended period of time because of an error and oversight. A review of the resident's statement of account months later indicated that the maximum accommodation rate was adjusted and reflected on a specific month's statement.



During an interview, the DOF verified that residents #008, #016, #017, and all other residents eligible for rate reduction and the increase in comfort allowance, did not receive the adjustment required on their statement of accounts for a specified period. On an identified date, the DOF issued a memo to all applicable residents and substitute decision-makers informing them that the calculated difference would be credited to their accounts at a later date. Therefore, the licensee failed to ensure that resident #008, #016 and #017 was not charged more than the amount provided for in the regulations for the accommodation provided. [s. 91.]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 246. The maximum amounts that may be charged by a licensee under paragraphs 1 and 2 of subsection 91 (1) of the Act shall be determined in accordance with sections 247 to 254. O. Reg. 79/10, s. 246.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the maximum amounts that may be charged by the licensee under paragraphs 1 and 2 of subsection 91 (1) of the Act was determined in accordance with sections 247 to 254.

The Ministry of Health (MOH) received a letter of complaint on an identified date and a complaint on another identified date related to resident #008's rate reduction basic accommodation charges.

A review of the MOH long-term care homes website indicated that a bulletin was posted with the revised monthly accommodation rates effective the beginning of the new term.

The Director of Finance (DOF) verified during an interview, that they received the new MOH bulletin on the long-term care homes website which outlines the basic accommodation rate for the upcoming term of that same year. And, that long-term care homes are required to notify the resident or substitute decision-maker of the maximum amount payable for monthly basic accommodation as determined by the Director. As indicated in the regulations, long-term care (LTC) homes are required to complete an application for basic accommodation rate reduction for residents with basic accommodation whose annual income was below the minimum required level.

During an interview, the DOF verified that they did not complete the required rate adjustment for residents approved for basic accommodation rate reduction; which included the newly increased comfort allowance. Furthermore, record review and an interview with the Director of Finance confirmed that they did not inform applicable residents and substitute decision-makers of the adjusted maximum amount payable for basic accommodation after the adjustment since they were away from the home on vacation. And applicable residents and substitute decision-makers were not informed of the difference in accommodation rate until much later. Therefore, the licensee failed to ensure that the maximum amounts that may be charged by the licensee under paragraphs 1 and 2 of subsection 91 (1) of the Act was determined in accordance with sections 247 to 254. [s. 246.]



***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 maximum amounts that may be charged by the licensee under paragraphs 1 and 2 of subsection 91 (1) of the Act is determined in accordance with sections 247 to 254, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that a documented record was kept in the home that included the nature of each verbal or written complaint; the date the complaint was received; the type of action taken to resolve the complaint; including the date the date, time frames for action to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made by the complainant.

The Ministry of Health (MOH) received a letter of complaint on an identified date related to accommodation charges for resident #008.

A review of the complaint log information indicated that resident #008's substitute decision-maker (SDM) made multiple verbal complaints to the home's Direct of Finance (DOF) and Social Worker regarding the resident accommodation charges which was perceived to be incorrect based on the increase in allowance approved by the Ministry of Health (MOH), as verified during separate interviews with both staff.

Record review indicated that there was no documented record in the home's complaint log which included the nature of each verbal or written complaint; the date the complaint was received; the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant as verified during an interview with DOC # 100. [s. 101. (2)]

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**Issued on this    20th    day of July, 2018**

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

**Original report signed by the inspector.**





**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

**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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** VERON ASH (535)

**Inspection No. /**

**No de l'inspection :** 2018\_324535\_0006

**Log No. /**

**No de registre :** 024317-17, 003173-18

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Jun 25, 2018

**Licensee /**

**Titulaire de permis :** Nisbet Lodge  
740 Pape Avenue, TORONTO, ON, M4K-3S7

**LTC Home /**

**Foyer de SLD :** Nisbet Lodge  
740 Pape Avenue, TORONTO, ON, M4K-3S7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Glen Moorhouse

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To Nisbet Lodge, 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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 91. Resident charges

**Order / Ordre :**

The licensee must be compliant with s. 91(1) of the Act.

Specifically, the licensee must ensure all applicable residents are paid any remaining money owing as a result of the basic accommodation overcharging; and ensure residents #008, #016, #017 and all applicable residents' accommodation rates are immediately adjusted by the effective date set by the Ministry of Health so that residents have access to the new comfort allowance amount.

**Grounds / Motifs :**

1. The licensee has failed to ensure that resident #008 was not charged for anything, except in accordance with the following: For basic accommodation, a resident shall not be charged more than the amount provided for in the regulations for the accommodation provided.

The Ministry of Health (MOH) received a letter of complaint on an identified date and a complaint on another identified date related to resident #008's monthly accommodation charges.

According to the regulations, long-term care (LTC) homes are required to complete an application for basic accommodation rate reduction for residents with basic accommodation whose annual income is below the minimum required level. The Ministry of Health (MOH) provides eligible residents who are approved for basic accommodation rate reduction with a monthly allowance called the comfort allowance. When the amount of the comfort allowance is increased; the MOH would alert long-term care homes by forwarding a letter indicating the difference in the previous and current amounts; and the effective implementation date. The regulations also dictates that an increase in residents' comfort allowance would subsequently cause a reduction in the monthly accommodation

rate by that same amount.

A review of the MOH long-term care homes' website indicated that on an identified date, a bulletin was posted to the website with the revised accommodation rates and an effective date. And, shortly after the new accommodation rates was effective, long-term care homes received a letter from the MOH indicating an increase in eligible residents' comfort allowance from the previous amount to the current amount.

During an interview, the Director of Finance (DOF) verified that they received the MOH bulletin on the long-term care homes website which outlines the basic accommodation rate for the upcoming term. And, they verified that long-term care homes are required to notify residents and substitute decision-makers of the adjusted maximum amount payable (maximum accommodation rate subtract the difference in the comfort allowance) for the monthly basic accommodation as determined by the Director.

Record review indicated and an interview with resident #008's substitute decision-maker (SDM) verified that resident #008's SDM approached the home's DOF regarding the issue of reducing the accommodation rate based on the increase comfort allowance, as the home was charging the resident the maximum accommodation rate plus the reduction amount (the difference in the new comfort allowance) each month.

A review of resident #008's monthly statement of account indicated that the increase in comfort allowance was not applied to the resident's monthly accommodation rate for an extended period of time because of an error and oversight. A review of the resident's statement of account months later indicated that the maximum accommodation rate was adjusted and reflected on a specific month's statement.

During an interview, the DOF verified that residents #008, #016, #017, and all other residents eligible for rate reduction and the increase in comfort allowance, did not receive the adjustment required on their statement of accounts for a specified period. On an identified date, the DOF issued a memo to all applicable residents and substitute decision-makers informing them that the calculated difference would be credited to their accounts at a later date. Therefore, the licensee failed to ensure that resident #008, #016 and #017 was not charged more than the amount provided for in the regulations for the accommodation



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Pursuant to section 153 and/or  
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**Ministère de la Santé et  
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provided. [s. 91.]

The severity of the issue was determined to be a level 1 as there was minimal risk or harm to resident #008, #016 and #017; the scope was determined to be a level 3 as the issue was widespread to residents #008, #016, #017; and the compliance history was determined to be a level 2 as there was one or more unrelated non-compliance within the past 36 months. (535)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2018**



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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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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](http://www.hsarb.on.ca).



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**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<sup>e</sup> 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](http://www.hsarb.on.ca).

**Issued on this 25th day of June, 2018**

**Signature of Inspector /**

**Signature de l'inspecteur :**



**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

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

Veron Ash

**Service Area Office /**

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