



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 26, 2015	2015_229213_0002	L-001650-14	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

TRI-COUNTY MENNONITE HOMES  
200 Boullee St. New Hamburg ON N3A 2K4

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

NITHVIEW HOME  
200 Boullee Street New Hamburg ON N3A 2K4

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

RHONDA KUKOLY (213), NANCY SINCLAIR (537), SHERRI GROULX (519)

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

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

**This inspection was conducted on the following date(s): January 12, 13, 14, 15, 16, 19, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Chief Executive Officer, the Director of Care, the Assistant Director of Care, the Director of Retirement and Community Services, the Director of Nutrition Services, the Director of Maintenance, the Maintenance Manager, the Director of Recreation and Volunteer Programming, a Registered Dietitian, a Registered Nurse, 4 Registered Practical Nurses, 11 Personal Support Workers, 40+ Residents and 5 Family Members.**

**The inspector(s) also toured the home; observed meal service, medication passes, medication storage areas and care provided to residents; reviewed health records and plans of care for identified residents; reviewed policies and procedures of the home and the home's internal investigation records; and observed general maintenance, cleaning and condition of the home.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Accommodation Services - Maintenance**

**Continence Care and Bowel Management**

**Dining Observation**

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Reporting and Complaints**

**Residents' Council**

**Responsive Behaviours**

**Safe and Secure Home**



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

- 7 WN(s)
- 3 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**

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

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the Resident-Staff communication and response system is on at all times.

Observations by Inspector #537 on January 13, 2015 revealed the call bells in 2 identified Resident rooms on 2nd floor were not functioning.

Staff interviews with Personal Support Staff and the Director of Care confirmed that these 2 call bells were not functioning and they notified maintenance to have the call bells repaired. [s. 17. (1) (b)]

2. The licensee has failed to ensure that the Resident-Staff communication and response system is available in every area accessible by Residents.

Observations on January 13, 2015 by Inspector #213 revealed there was no call bell in the television lounge and designated seating area on 2nd floor across from the Director of Care office or in the Snoozelin room on 2nd floor across from this lounge. The Snoozelin room is a separate room with a door that is able to close. The door to the Snoozelin room was observed to be open throughout the course of the inspection enabling Residents to enter and sit unattended. There were also no call bells in the Resident lounges across from the elevators on 2nd or 3rd floors. These 2 lounges are separate rooms with doors that are able to close. All of these lounges/rooms are not within sight of the nursing station and Residents were observed sitting unattended in these areas throughout the course of the inspection.

Staff interviews with the Administrator and Director of Care on January 13, 2015 confirmed that there are no call bells in the television lounge area on 2nd floor across from the Director of Care office, in the Snoozelin room on 2nd floor, or in the Resident lounges across from the elevators on 2nd or 3rd floors. They confirmed that Residents, Staff and Visitors have no means of calling for assistance in an emergency in these areas. [s. 17. (1) (e)]

***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. 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 the home's Building Maintenance policy is complied with.

Observations by Inspectors #213, #519 & #537 on January 12 and 13, 2015 revealed there are a number of areas throughout the home of walls and door frames with scraped, chipped and marked paint. Inspector #537 and #213 observed a Resident door in an identified room on 2nd floor on January 19, 2015 that had missing trim and a large area of damage with exposed wood splinters.

Review of the home's policy "Building Maintenance" indicated: "The building repair or building prevention maintenance program covers painting, papering as required, woodwork or trim refinishing, loose or defective parts replaced, shelves or any other attached or built in furnishings repairs, upgrading or replacement. 1. The Maintenance Manger will semi-annually or as required set out a schedule listing of the rooms or areas to be covered. 2. A list will be created for Maintenance to follow through on identified repairs".

Staff interviews with the Administrator, the Director of Maintenance and the Maintenance Manager on January 16, 2015 confirmed there are areas of disrepair throughout the home. The Maintenance Manager confirmed the home currently does not have a list of rooms requiring repair or a schedule of rooms to be covered. The Administrator confirmed that the home's Building Maintenance policy was not complied with. [s. 8. (1)]



***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 home's Building Maintenance policy is complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs**

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

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
  - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
  - (e) a weight monitoring system to measure and record with respect to each resident,**
    - (i) weight on admission and monthly thereafter, and**
    - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that there a weight monitoring system to measure and record each Resident's body mass index and height on admission and annually thereafter.

Record review of health care records and heights documented for the following Residents revealed:

Resident #28 admitted in 2013 - 1 height recorded in 2013, no other heights recorded  
Resident #52 admitted in 2003 - 1 height recorded in 2012, no other heights recorded  
Resident #53 admitted in 2010 - 1 height recorded in 2012, no other heights recorded  
Resident #54 admitted in 2008 - 1 height recorded in 2012, no other heights recorded  
Resident #55 admitted in 2012 - 1 height recorded in 2012, no other heights recorded

Record review of the home's policy "Resident Care - Height" last reviewed in 2012 indicated "On admission, the Charge Nurse will: 1. Ask resident/family member for information. 2. If unable to obtain information verbally, HCA/NA will: Use ambulatory weight scale with height measurement arm for ambulatory residents. Use flexible tape measure to measure resident while lying in bed. 3. Document on weight record."

Staff interview with the Director of Care on January 15, 2015 confirmed that the home's Height policy is not compliant with the Long Term Care Homes Act in that heights must be measured annually and that Resident heights have not been measured annually as required. She shared that they will be updating the policy to ensure it is compliant with the Long Term Care Homes Act and will be measuring Resident heights annually with their annual physical examination. [s. 68. (2) (e) (ii)]

***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 there a weight monitoring system to measure and record each Resident's body mass index and height on admission and annually thereafter, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping**





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

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**

**(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:**

**(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,**

**(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and**

**(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that procedures are developed and implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices and, if there are none, with prevailing practices, for cleaning and disinfection of supplies and devices, including personal assistance services devices, assistive aids and positioning aids.

During the initial tour of the home on January 12, 2015 at 1045 hours, it was noted by Inspectors #519 and #537 that there were wheelchairs in need of cleaning. On the chair belonging to Resident #26, there was fresh food debris observed in the vacant chair as the Resident was resting in bed at the time. On the chair belonging to Resident #28, dried food debris was observed along the sides of the cushion and under the cushion.

On January 16, 2015 at 1100 hours it was observed by Inspector #519 that the wheelchair belonging to Resident #1 that was sitting outside their room in the hallway was soiled. It had dried on debris and crumbs along the sides of the cushion. Resident #28 was also observed to have a dirty wheelchair with dried food debris on the cushion, under the cushion and on the tray table.

Upon interview with the Director of Care January 16, 2015 at 1515 hours, it was confirmed in the presence of Inspector #519 that wheelchairs belonging to Residents #1, #2, and #28 were dirty and in need of cleaning. She stated that there is a process in place for cleaning the wheelchairs the night before Resident's bath but that these chairs had obviously not been done. [s. 87. (2) (b)]

***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 procedures are developed and implemented in accordance with manufacturer's specifications, using at a minimum a low level disinfectant in accordance with evidence-based practices and, if there are none, with prevailing practices, for cleaning and disinfection of supplies and devices, including personal assistance services devices, assistive aids and positioning aids, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to Residents has a screen and cannot be opened more than 15 centimetres (cm).

Observations on January 12, 2015 by Inspectors #519 and #537 revealed 3 identified windows that open to the outdoors and are accessible to Residents opened greater than 15cm.

Staff interview with the Administrator on January 13, 2015 revealed they had checked the 3 identified windows and were completing repairs to these identified windows, they had not checked every window in the building. Further interview with the Administrator on January 14, 2015 revealed they had then completed an audit of all windows in the building and found that there were numerous windows that open to the outdoors and were accessible to Residents that opened greater than 15cm.

Staff interview with the Administrator and the Director of Maintenance on January 16, 2015 confirmed that they completed an audit of all windows in the building, that there were numerous windows throughout the home that opened greater than 15cm and that they had taken measures to ensure that all windows in the building didn't open greater than 15cm. [s. 16.]

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**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council**



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

**s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that they respond in writing within 10 days of receiving Family Council advice related to concerns or recommendations.

Record review of an email communication between the Family Council President and the Administrator revealed a concern was forwarded by the Family Council President on February 16, 2014 to the Administrator indicating "the elevator door just outside the dining rooms in LTC is still not repaired so continues to be a potential danger to our residents". The Administrator responded via email acknowledging the concern and advised of actions taken, however the issue remained, on March 5, 2014.

Interview with the Administrator confirmed she has no other record of response to Family Council related to this concern. Further to that, she confirmed that the home does not have a formal means of receiving or responding to concerns from Family Council in writing within 10 days, that response is usually informal in person within no specified time frame. [s. 60. (2)]

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**WN #7: 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. (3) The licensee shall ensure that,**

**(a) the documented record is reviewed and analyzed for trends at least quarterly;  
O. Reg. 79/10, s. 101 (3).**

**(b) the results of the review and analysis are taken into account in determining  
what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).**

**(c) a written record is kept of each review and of the improvements made in  
response. O. Reg. 79/10, s. 101 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that:

(a) the documented record (of complaints received) is reviewed and analyzed for trends,  
at least quarterly

(b) the results of the review and analysis are taken into account in determining what  
improvements are required in the home, and

(c) a written record is kept of each review and of the improvements made in response.

Record review of the home's Complaint Log Binder revealed the home has a formal  
written complaint procedure in place.

During review of the documentation in the Complaint Log Binder on January 16, 2015 it  
was noted there were written complaints from family members and staff dating back to  
January 2014.

Upon interview with the Executive Director on January 19, 2015 at 1045 hours, it was  
confirmed that the Complaint Log has not been formally analyzed for trends. A report is  
given to the Board of the home quarterly, but a formal trend analysis is not done in order  
to determine what improvements are necessary in the home. [s. 101. (3)]



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**Issued on this 28th day of January, 2015**

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

**Original report signed by the inspector.**



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** RHONDA KUKOLY (213), NANCY SINCLAIR (537),  
SHERRI GROULX (519)

**Inspection No. /**

**No de l'inspection :** 2015\_229213\_0002

**Log No. /**

**Registre no:** L-001650-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Jan 26, 2015

**Licensee /**

**Titulaire de permis :** TRI-COUNTY MENNONITE HOMES  
200 Boullee St., New Hamburg, ON, N3A-2K4

**LTC Home /**

**Foyer de SLD :** NITHVIEW HOME  
200 Boullee Street, New Hamburg, ON, N3A-2K4

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Elizabeth Klassen

To TRI-COUNTY MENNONITE HOMES, 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*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

**Order / Ordre :**

The licensee must prepare, submit and implement a plan to ensure that the Resident-Staff communication and response system is available in every area accessible by Residents. The plan must include what immediate and long-term actions will be undertaken to correct the identified deficiencies, as well as identify who will be responsible to correct the deficiencies and the dates for completion.

Please submit the plan, in writing, to Rhonda Kukoly, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, by email, at [rhonda.kukoly@ontario.ca](mailto:rhonda.kukoly@ontario.ca) by February 6, 2015

**Grounds / Motifs :**





**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  
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**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*

1. The licensee has failed to ensure that the Resident-Staff communication and response system available in every area accessible by Residents.

Observations on January 13, 2015 by Inspector #213 revealed there was no call bell in the television lounge and designated seating area on 2nd floor across from the Director of Care office or in the Snoozelin room on 2nd floor across from this lounge. The Snoozelin room is a separate room with a door that is able to close. The door to the Snoozelin room was observed to be open throughout the course of the inspection enabling Residents to enter and sit unattended. There were also no call bells in the Resident lounges across from the elevators on 2nd or 3rd floors. These 2 lounges are separate rooms with doors that are able to close. All of these lounges/rooms are not within sight of the nursing station and Residents were observed sitting unattended in these areas throughout the course of the inspection.

Staff interviews with the Administrator and Director of Care on January 13, 2015 confirmed that there are no call bells in the television lounge area on 2nd floor across from the Director of Care office, in the Snoozelin room on 2nd floor, or in the Resident lounges across from the elevators on 2nd or 3rd floors. They confirmed that Residents, Staff and Visitors have no means of calling for assistance in an emergency in these areas.

(213)

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

**Vous devez vous conformer à cet ordre d'ici le : Apr 24, 2015**



**Ministry of Health and  
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**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**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



**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  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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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 and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

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

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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://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 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<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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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*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 26th day of January, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** RHONDA KUKOLY

**Service Area Office /**

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