



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
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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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
Nov 22, 2018	2018_722630_0023	008152-18, 017627- 18, 024797-18, 025289-18	Critical Incident System

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8

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

Secord Trails Care Community
263 Wonham Street South INGERSOLL ON N5C 3P6

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

AMIE GIBBS-WARD (630)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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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): November 7, 8, 9, 13, 14, 15 and 16, 2018.

The following Critical Incident System intakes were completed within this inspection:

Related to falls prevention

Critical Incident Log #008152-18 / CI 2628-000012-18

Critical Incident Log #024797-18 / CI 2628-000031-18

Critical Incident Log #025289-18 / CI 2628-000033-18

Related to skin and wound care and the prevention of neglect:

Critical Incident Log #017627-18 / CI 2628-000025-18

Inspectors Christy Legouffe (730) and Meagan McGregor (721) were also present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Resident Assessment Instrument (RAI) Coordinator, the Scheduler, the Wound Care Lead Registered Practical Nurse (RPN), Registered Nurses (RN), RPNs, PSWs, family members and residents.

The inspectors also observed residents and the care provided to them, observed medication storage areas, observed medication administration, reviewed health care records and plans of care for identified residents, reviewed relevant policies and procedures of the home, reviewed the written staffing plan of the home, reviewed training records and reviewed written records of relevant program evaluations.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Skin and Wound Care



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

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident at risk of altered skin integrity received a skin assessment by a member of the registered nursing staff within 24 hours of the resident's admission.

A) The home submitted a Critical Incident System (CIS) report related to an allegation of staff to resident neglect for an identified resident related to skin and wound assessments and treatments.

The clinical record for this identified resident was reviewed by Inspector #630 and



showed that the resident was admitted to the home with a specific area of altered skin integrity and a skin assessment was not documented within 24 hours of the resident's admission.

The Executive Director (ED) provided the documentation of the home's investigation into the allegations of neglect and within this documentation there was evidence showing that this identified resident had did not have a documented skin assessment completed within 24 hours of their admission to the home.

The home's policy titled "Skin and Wound Care Management Protocol" with current revision date April 2018 included the following procedure for registered staff:

"1) Complete each resident's skin assessment (head to toe assessment) including skin, fingernails, toenails, mouth, feet and bony prominences a) within 24 hours of a resident's admission."

During an interview the Executive Director (ED) said that it was the expectation in the home that residents would have a documented skin assessment completed by registered staff within 24 hours of their admission. The ED said they were involved in investigating this Critical Incident System (CIS) report and the ED said that there was no clear documentation that the wound had been monitored. The ED said that fortunately there was no ill harm identified to the resident. The ED said that the investigation found that it was about the process and making sure that residents had the skin assessments completed properly. The ED said that the skin and wound care program in the home was an area that needed improvement and they were working to make those improvements in the home.

B) The clinical record for another identified resident was reviewed by Inspector #630 and showed that there was no documented skin assessment completed until four days after the resident's admission to the home.

During an interview with an identified staff member they said it was the expectation in the home that initial skin assessments would be documented in PCC using a head to toe assessment or the weekly skin assessment form within 24 hours of a resident's admission. The staff member reviewed the clinical record for this identified resident and said that the first skin assessment was not completed within 24 hours of admission. When asked if this met the expectation in terms of the timing of the initial assessment, the staff member said it did not.



During an interview the ED said that it was the expectation in the home that residents would have a documented skin assessment completed by registered staff within 24 hours of their admission.

The licensee has failed to ensure that two identified residents, who were at risk of altered skin integrity, received a skin assessment by a member of the registered nursing staff within 24 hours of the resident's admission. [s. 50. (2) (a) (i)]

2. The licensee has failed to ensure that a resident who was exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

A) On March 26, 2018, the following compliance order (CO) #001 from inspection number 2018_605213_0004 made under s. 19(1) of the LTCHA was issued which included the following requirement: "An identified resident and all other residents, when exhibiting altered skin integrity, if clinically indicated, are reassessed at least weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments, and the assessment is documented."

During an interview an identified staff member told Inspector #630 that residents with altered skin integrity were to have a weekly reassessment completed and documented in the assessment section in PointClickCare (PCC). This staff member said that these assessments were based on a schedule. The staff member said that this identified resident had specific areas of altered skin integrity. This staff member reviewed the weekly assessments completed for this resident in PCC and said that there were weekly skin assessments that were scheduled to be completed that were overdue and acknowledged that the reassessments were not completed weekly.

The clinical record for this resident was reviewed by Inspector #630 and included documentation to show that the resident had specific areas of altered skin integrity. The documentation also showed these areas were not assessed weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument.

During an interview an identified staff member said it was the expectation in the home that the weekly skin and wound assessments would be documented in the weekly skin assessment form in PCC. This staff member and Inspector #630 reviewed the clinical record for this identified resident and the staff member said that this resident had specific areas of altered skin integrity. The staff member acknowledged that the documented



weekly assessments for these areas were incomplete.

The home's policy titled "Skin and Wound Care Management Protocol" with current revision date April 2018 included the following procedure:

"4) With a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds: f. initiate and complete electronic weekly skin and wound assessment."

During an interview the Executive Director (ED) said that it was the expectation in the home that this resident's areas of altered skin integrity would be assessed weekly and documented in accordance with the home's skin and wound care policy.

B) The home submitted a Critical Incident System (CIS) report related to a fall for another identified resident. The CIS report stated that this resident sustained a specific type of altered skin integrity related to the fall.

The clinical record for this resident was reviewed by Inspector #630 and #730 and the documentation showed that the area of altered skin integrity was not assessed weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument.

During an interview an identified staff member told Inspectors #630 and #730 that this resident had a fall which resulted in a specific area of altered skin integrity. The staff member reviewed the clinical record for this resident and said that there were missing weekly assessment for this area of altered skin integrity. The staff member said it was the expectation in the home that this area would have had a documented weekly assessment completed by the registered staff in the home.

C) During an interview an identified staff member said they were familiar with another identified resident and this resident had a specific area of altered skin integrity and based on the documentation in PCC this area had not been assessed weekly. This staff member said that it was the expectation in the home that that area would be assessed weekly using the weekly assessment form in PCC.

The clinical record for this identified resident was reviewed by Inspector #630 and showed the weekly skin assessment documentation for the area of altered skin integrity was not completed weekly.



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During an interview another identified staff member said it was the expectation in the home that the weekly skin and wound assessments would be documented in the weekly skin assessment form in PCC. This staff member and Inspector #630 reviewed the clinical record for this resident and the staff member said that this resident had specific areas of altered skin integrity. The staff member acknowledged that the documented weekly assessments were incomplete.

The licensee has failed to ensure that these three identified residents, who were exhibiting altered skin integrity, were reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

Additional Required Actions:

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

Issued on this 22nd day of November, 2018

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

Original report signed by the inspector.



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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

**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) : AMIE GIBBS-WARD (630)

Inspection No. /

No de l'inspection : 2018_722630_0023

Log No. /

No de registre : 008152-18, 017627-18, 024797-18, 025289-18

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Nov 22, 2018

Licensee /

Titulaire de permis : Vigour Limited Partnership on behalf of Vigour General
Partner Inc.
302 Town Centre Blvd, Suite 300, MARKHAM, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Secord Trails Care Community
263 Wonham Street South, INGERSOLL, ON, N5C-3P6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : JoAnn Zomer



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

To Vigour Limited Partnership on behalf of Vigour General Partner Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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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. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :



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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

The licensee must be compliant with O.Reg. 79/10, s 50 (2)(b)(iv).

Specifically, the licensee shall ensure that:

- a) Three identified residents and all residents exhibiting altered skin integrity are assessed at least weekly by a member of the registered nursing staff. This weekly assessment must include an assessment of each area of altered skin integrity for each resident. There must be a documented record of the weekly assessments in accordance with the home's policies and procedures.
- b) A tracking and auditing system is developed and implemented for all residents exhibiting altered skin integrity to ensure all residents exhibiting altered skin integrity are receiving the required assessments and treatments in accordance with the home's policies and procedures. A written record of this tracking and auditing system must be kept in the home.

Grounds / Motifs :

1. The licensee has failed to ensure that a resident who was exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

The licensee has failed to ensure that a resident who was exhibiting altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

A) On March 26, 2018, the following compliance order (CO) #001 from inspection number 2018_605213_0004 made under s. 19(1) of the LTCHA was issued which included the following requirement: "An identified resident and all other residents, when exhibiting altered skin integrity, if clinically indicated, are reassessed at least weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments, and the assessment is documented."

During an interview an identified staff member told Inspector #630 that residents with altered skin integrity were to have a weekly reassessment completed and documented in the assessment section in PointClickCare (PCC). This staff member said that these assessments were based on a schedule. The staff

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member said that this identified resident had specific areas of altered skin integrity. This staff member reviewed the weekly assessments completed for this resident in PCC and said that there were weekly skin assessments that were scheduled to be completed that were overdue and acknowledged that the reassessments were not completed weekly.

The clinical record for this resident was reviewed by Inspector #630 and included documentation to show that the resident had specific areas of altered skin integrity. The documentation also showed these areas were not assessed weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument.

During an interview an identified staff member said it was the expectation in the home that the weekly skin and wound assessments would be documented in the weekly skin assessment form in PCC. This staff member and Inspector #630 reviewed the clinical record for this identified resident and the staff member said that this resident had specific areas of altered skin integrity. The staff member acknowledged that the documented weekly assessments for these areas were incomplete.

The home's policy titled "Skin and Wound Care Management Protocol" with current revision date April 2018 included the following procedure:

"4) With a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds: f. initiate and complete electronic weekly skin and wound assessment."

During an interview the Executive Director (ED) said that it was the expectation in the home that this resident's areas of altered skin integrity would be assessed weekly and documented in accordance with the home's skin and wound care policy.

B) The home submitted a Critical Incident System (CIS) report related to a fall for another identified resident. The CIS report stated that this resident sustained a specific type of altered skin integrity related to the fall.

The clinical record for this resident was reviewed by Inspector #630 and #730 and the documentation showed that the area of altered skin integrity was not

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assessed weekly by a member of the registered nursing staff using a clinically appropriate assessment instrument.

During an interview an identified staff member told Inspectors #630 and #730 that this resident had a fall which resulted in a specific area of altered skin integrity. The staff member reviewed the clinical record for this resident and said that there were missing weekly assessment for this area of altered skin integrity. The staff member said it was the expectation in the home that this area would have had a documented weekly assessment completed by the registered staff in the home.

C) During an interview an identified staff member said they were familiar with another identified resident and this resident had a specific area of altered skin integrity and based on the documentation in PCC this area had not been assessed weekly. This staff member said that it was the expectation in the home that that area would be assessed weekly using the weekly assessment form in PCC.

The clinical record for this identified resident was reviewed by Inspector #630 and showed the weekly skin assessment documentation for the area of altered skin integrity was not completed weekly.

During an interview another identified staff member said it was the expectation in the home that the weekly skin and wound assessments would be documented in the weekly skin assessment form in PCC. This staff member and Inspector #630 reviewed the clinical record for this resident and the staff member said that this resident had specific areas of altered skin integrity. The staff member acknowledged that the documented weekly assessments were incomplete.

The licensee has failed to ensure that these three identified residents, who were exhibiting altered skin integrity, were reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (iv)]

The severity of this issue was determined to be a level 2 as there was potential for actual harm. The scope of the issue was a level 3 as it was related to 3 out of 3 residents reviewed. The home had a level 3 history as they had on-going noncompliance with this section of the LTCHA that included:



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O. 2007, chap. 8

- Written Notification (WN) and Voluntary Plan of Correction (VPC) issued March
26, 2018 (2018_605213_0004). (630)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 21, 2019



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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

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:



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O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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.



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



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

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)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

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 22nd day of November, 2018

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Amie Gibbs-Ward

Service Area Office /

Bureau régional de services : London Service Area Office