



**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**

**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**

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

**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>
Aug 5, 2015	2015_216144_0035	015271-15	Resident Quality Inspection

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**Licensee/Titulaire de permis**

DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC  
2121 ARGENTIA ROAD SUITE 301 MISSISSAUGA ON L5N 2X4

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

TILBURY MANOR NURSING HOME  
16 FORT STREET P.O. BOX 160 TILBURY ON N0P 2L0

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

CAROLEE MILLINER (144), ALISON FALKINGHAM (518), NATALIE MORONEY (610),  
ROCHELLE SPICER (516)

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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): June 24, 25, 26, 29, 30, 2015**

**During the course of the inspection, the inspector(s) spoke with 40+ residents, three family members, one volunteer, the Administrator, Director of Care, Office Coordinator, Registered Dietitian, Food Service Supervisor, six Registered Nurses, five Registered Practical Nurses, eight Personal Service Workers, the Maintenance Manager, one Restorative Care Aide, one Housekeeping Aide, one cook and one Dietary Aide.**

**During the course of the inspection, the Inspector(s) toured all resident home areas, medication rooms, observed dining service, medication administration, provision of care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.**

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



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**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care**

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

**4 WN(s)  
2 VPC(s)  
2 CO(s)  
0 DR(s)  
0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	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. 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,**

**(a) cleaning of the home, including,**

**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**

**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**(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).**

**(c) removal and safe disposal of dry and wet garbage; and O. Reg. 79/10, s. 87 (2).**

**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**



1. The licensee did not ensure that procedures are developed and implemented for (a) cleaning of the home. O. Reg. 79/10, s. 87 (2)(a)

The following housekeeping concerns were observed throughout the Resident Quality Inspection (RQI):

A) A dried brown substance was noted on a wall in one identified dining room. The heater covers in the same dining room were noted to be soiled with a dried brown substance. A wall protector along the bottom of the floor was coming away from the wall and also soiled with a dried substance.

B) An offensive odour was detected in one identified washroom and a soiled urinal was stored on the back of the toilet. A urine catheter bag was tied under the sink in the same washroom.

C) A small hard brown odorous ball was observed on the floor by the toilet in a second identified washroom and yellow staining observed on the floor around the toilet base.

D) A brown substance was observed around the lid on the top of an elevated toilet seat in a third resident washroom.

E) A strong urine odour was detected in a fourth resident washroom.

F) The floor at the entrance to a fifth washroom was sticky and a strong urine odour present. Five soiled towels remained in the bathroom. A large yellowing brown stain was observed on the floor at the back of the toilet. A build up of hair and dirt was noted in one corner of the washroom. The wall protector border on the floor was soiled with brown spots.

The Administrator confirmed it is the home's expectation that housekeeping procedures will be followed by staff to ensure resident and non-resident areas of the home will be kept clean.

A VPC was previously issued with the 2014 Resident Quality Inspection (RQI) related to this area of non-compliance. [s. 87. (2)]

***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. 229. Infection prevention and control program**



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

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all staff participate in the implementation of the Infection Control and Prevention Program.

The following observations made throughout the RQI:

- A) A soiled urinal was observed on the back of the toilet tank in one identified spa room.
- B) A call bell in one resident washroom was observed touching the floor and a soiled denture cup observed at one resident bed side.
- C) Call bell chords were observed touching the floor in two identified resident rooms.
- D) A heavily soiled urine measuring container was observed in one identified resident washroom.
- E) A urinal was observed on one resident's bedside table beside food and a soiled urine collection container was stored on the back of the toilet.
- F) An elevated toilet seat was stored on the floor under the sink in another resident washroom.
- G) A call bell chord and clip was observed laying on the floor next to the toilet in one identified resident's washroom.

The Administrator confirmed it is the expectation of the home that all staff will participate in the Infection Prevention and Control Program.

A VPC was previously issued with the 2014 Resident Quality Inspection (RQI) related to this area of non-compliance. [s. 229. (4)]

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**



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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

- A) One resident sustained a fracture.
- B) Prior to the fracture, the resident was physically independent.
- C) The resident shared with the Inspector that since readmission from hospital, they were no longer physically independent.
- D) The current change in status assessment for this resident incorrectly identified the resident has an indwelling catheter and has not had a decline in their physical independence.
- E) Two registered staff confirmed the resident is no longer physically independent, does not have an indwelling catheter and that the above information included in the assessment is incorrect and does not provide clear direction to staff. [s. 6. (1) (c)]

2. A) One resident was observed sleeping in bed.

- B) One Personal Support Worker (PSW) and Registered Practical Nurse (RPN) confirmed that part of the resident's routine was to have a rest period twice daily and retire to bed at a specific time.
- C) The current care plan for Sleep and Rest does not indicate if the resident is to be laid down during the day and retire to bed at a specific time as requested.
- D) The Director of Care (DOC) confirmed that it is the home's expectation that staff would not get residents ready for bed until after 1900 hours unless the resident and family have requested they go to bed earlier.
- E) The DOC further confirmed the resident's plan of care related to sleep and rest, did not provide clear direction to staff. [s. 6. (1) (c)]

3. A) The Point of Care (POC) documentation program for one resident identifies the



resident requires limited assistance to total care with daily oral hygiene.

B) Two PSW's shared the resident does some oral care themselves with supervision and other times, requires total assistance to complete oral care.

C) The resident's current care plan does not indicate the resident's changing needs and does not give direction to staff about how to complete the resident's oral care.

D) The DOC confirmed it is the expectation of the home that the care plan provides clear direction to staff for providing oral care. [s. 6. (1) (c)]

4. A) One identified resident advised the Inspector they were able to clean their dentures independently.

B) The resident's current plan of care does not include the resident's dentures. Nor, does the plan of care include interventions related to the resident's ability to clean their own teeth or a requirement for PSW's to help with set up or assist the resident to ensure this task is completed.

C) One nursing personal confirmed the resident is normally independent with this task however, requires encouragement at times and on occasion, assistance with set up.

e) One registered staff confirmed the resident's plan of care does not give clear direction to staff and should include interventions to ensure the resident's oral care is completed as required. [s. 6. (1) (c)]

***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 plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**



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

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

A) An injectible medication was observed in the unlocked medication fridge in one identified medication room. The medication was not stored in a locked box within the medication fridge.

B) One RPN confirmed that the medication was a controlled substance and should be double locked when stored.

C) The Administrator confirmed all controlled substances should be double locked and that the pharmacy provider was hoping to provide a locked box for controlled medications requiring refrigeration. [s. 129. (1) (b)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.***

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**Issued on this 24th day of August, 2015**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**Ministère de la Santé et  
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**Order(s) of the Inspector**

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

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

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

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

**Nom de l'inspecteur (No) :** CAROLEE MILLINER (144), ALISON FALKINGHAM  
(518), NATALIE MORONEY (610), ROCHELLE SPICER  
(516)

**Inspection No. /**

**No de l'inspection :** 2015\_216144\_0035

**Log No. /**

**Registre no:** 015271-15

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Aug 5, 2015

**Licensee /**

**Titulaire de permis :**

DIVERSICARE CANADA MANAGEMENT SERVICES  
CO., INC  
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA,  
ON, L5N-2X4

**LTC Home /**

**Foyer de SLD :**

TILBURY MANOR NURSING HOME  
16 FORT STREET, P.O. BOX 160, TILBURY, ON,  
N0P-2L0

JENNIFER MIDDLETON



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

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**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*

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

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To DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC, 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) (b)**Pursuant to / Aux termes de :**

O.Reg 79/10, 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,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(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;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

**Order / Ordre :**



**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**

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The licensee shall prepare, submit and implement a plan to ensure procedures are developed and implemented for cleaning of the home in accordance with O.Reg79/10,s.87(2)

The written compliance plan shall include at a minimum, the following:

1. A written description of the plan to ensure that cleaning of the home in resident and non-resident areas is consistent with and implemented according to the home's procedures.
2. Development of a process to evaluate the effectiveness of the plan to ensure cleaning of the home.

The plan shall be submitted to Carolee Milliner, LTC Homes Inspector, either by mail or email to:

130 Dufferin Avenue, London, ON N6A 5R2 or carolee.milliner@ontario.ca by July 31,2015.

**Grounds / Motifs :**

1. The licensee did not ensure that procedures are developed and implemented for
  - (a) cleaning of the home. including,
    - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
    - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
  - (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;
  - (c) removal and safe disposal of dry and wet garbage; and
  - (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

The following housekeeping concerns were observed throughout the Resident Quality Inspection (RQI):

- A) A brown dried substance was noted on a wall in one identified dining room. The heater covers in the same dining room were noted to be soiled with a dried



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de l'article 154 de la *Loi de 2007 sur les foyers  
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brown substance. A wall protector along the bottom of the floor was coming away from the wall and also soiled with a dried substance.

B) An offensive odour was detected in washroom 212 and a soiled urinal stored on the back of the toilet. A urine catheter bag was tied under the sink.

C) A small hard brown odorous ball was observed on the floor by the toilet in room 208. Yellow staining was also observed on the floor around the toilet base.

D) A brown substance was observed around the lid on the top of an elevated toilet seat in room 207.

E) A strong urine odour was detected in the washroom of room #110.

F) The floor at the entrance to washroom 107 was sticky and a strong urine odour present. Five soiled towels remained in the bathroom. A large yellowing brown stain was observed on the floor at the back of the toilet. A build up of hair and dirt was noted in one corner of the washroom. The wall protector border on the floor was soiled with brown spots.

The Administrator confirmed it is the home's expectation that housekeeping procedures will be followed by staff to ensure resident and non-resident areas of the home will be kept clean.

A VPC was previously issued with the June 16, 2014 RQI related to this area of non-compliance. (144)

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

**Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2015**



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

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section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
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**Order # /**

**Ordre no :** 002

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that all staff participate in the implementation of the program.

The written compliance plan to include at a minimum, the following:

1. A written description of the plan that includes the requirement for all staff to participate in the Infection Prevention and Control Plan and relevant in service education.
2. Development of a process to evaluate the effectiveness of the plan to ensure all staff are participants in the Infection Prevention and Control Program.

**Grounds / Motifs :**



**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*

1. The licensee failed to ensure that all staff participate in the implementation of the Infection Prevention and Control Program.

The following observations were made throughout the RQI:

- A) A soiled urinal was observed on the back of the toilet tank in one identified spa room.
- B) June 24, 2015, a call bell in the washroom of 207 was observed touching the floor and a soiled denture cup observed at one resident bed side.
- C) Call bell cords were observed touching the floor in rooms 207 and 208.
- D) A heavily soiled urine measuring container was stored in one identified resident washroom.
- E) In room 220, a urinal was observed on one resident's bedside table beside food. A soiled urine collection container was stored on the back of the toilet.
- F) An elevated toilet seat was stored on the floor under the sink in room 214.
- G) The call bell cord and clip in room 112 was observed laying on the floor next to the toilet.

The Administrator confirmed it is the expectation of the home that all staff will participate in the Infection Prevention and Control Program.

A VPC was previously issued with the June 16, 2014 Resident Quality Inspection related to this area of non-compliance.

(518)

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

**Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2015**



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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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**Ordre(s) de l'inspecteur**

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

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

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

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

The written request for review must include,

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

The written request for review must be served personally, by registered mail 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  
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**Order(s) of the Inspector**

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section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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.



**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*

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 5th day of August, 2015**

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

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

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