



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

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130 avenue Dufferin 4ème étage
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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
Jan 28, 2019	2019_563670_0001	028517-18, 030680- 18, 032470-18, 032919-18	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Berkshire Care Centre
350 Dougall Avenue WINDSOR ON N9A 4P4

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

DEBRA CHURCHER (670), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 7, 8, 9, 10, 11, 14, 15, 16 and 17, 2019.

The following intakes were inspected within this inspection:

Log # 030680-18 Follow up related inspection #2018_532590_0017 related to infection control.

Log# 032470-18 IL-62530-LO Complaint related to alleged neglect, improper care and staffing concerns.

Log# 032919-18 IL-62707-LO Complaint related to alleged neglect, falls and improper care.

Log# 028517-18 IL-61227-LO Complaint related to alleged neglect, falls, plan of care and nutrition and hydration.

During the course of the inspection, the inspector(s) spoke with one Director of Care, two Assistant Directors of Care, one Vice President of Operations, nine Personal Support Workers, one Behavior Supports Ontario Personal Support Worker, three Registered Practical Nurses, one Behavior Supports Ontario Registered Practical Nurse, one Registered Nurse, one Staff Scheduler, one office Manager, one Quality Improvement Coordinator, one Dietitian, one Physio Therapy Assistant, one Admissions Coordinator Social Worker, and one Resident Assessment Instrument Registered Practical Nurse Coordinator.

During the course of this inspection Inspectors observed meal services, overall condition of the home, housekeeping and maintenance services, staff to resident interactions and provision of care, reviewed relevant policies and procedures and reviewed relevant clinical records.

The following Inspection Protocols were used during this inspection:



Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care
Sufficient Staffing
Training and Orientation

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

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (5)	CO #001	2018_532590_0017		670



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<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>Légende</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>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 212. Administrator



Specifically failed to comply with the following:

s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week: 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week.

The LTC home has 231 beds as confirmed by the Erie St. Clair LHIN.

During the course of a complaint inspection it was noted that the home did not have a permanent Administrator at the time of the inspection therefore an inspection related to Administrator requirements was inspector initiated.

On January 7, 2019, Director of Care (DOC) #100 stated that the home had not had an Administrator since November of 2018 but that the Vice President of Operations (VPOO) #112 was acting as the Administrator while they attempted to hire one. DOC #100 stated that the VPOO #112 was available by phone at all times and was present in the home at least weekly.

On January 9, 2019, VPOO #112 stated that the previous Administrator's last day of work at the Home was November 8, 2018, and that they were acting as the Administrator while they were attempting to hire. VPOO #112 stated that they have attempted to hire by utilizing advertisements and when this was found to be unsuccessful they have currently enlisted the services of a management recruitment company.



A review of the hours spent acting as the interim Administrator was conducted with the VPOO #112 and were as follows;

- November 9, 2018, 8 hours on site.
- November 13, 2018, 8 hours off site at administrators meeting.
- November 14, 2018, 9 hours on site.
- November 15, 2018, 9 hours on site.
- November 22, 2018, 8 hours off site at administrators meeting.
- November 28, 2018, 10.5 hours on site.
- November 29, 2018, 9.5 hours on site.
- November 30, 2018, 3 hours off site for home budget.
- December 3, 2018, 2 hours off site for home budget.
- December 13, 2018, 8 hours off site at an administrators meeting.
- December 21, 2018, 9 hours on site.
- December 27, 2018, 9 hours on site.
- December 28, 2018, 10.5 hours on site.
- January 4, 2019, 9 hours on site.
- January 8, 2019, 4 hours off site for job descriptions.

The time period reviewed was from November 9, 2018, through January 8, 2019. The review showed that there was a total of 107.5 hours of Administration hours worked, out of a required minimum of 273 hours for that time frame.

On January 9, 2019, VPOO #112 acknowledged that the home was not meeting the minimum requirement of 35 hours per week for Administrator hours worked in the home.

The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home for at least 35 hours per week. [s. 212. (1)]

Additional Required Actions:

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

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 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system, was complied with.

O. Reg, 79/10, s. 68 states that the Nutrition care and hydration program in the home is to ensure a weight monitoring system to measure and record with respect to each resident a weight on admission and monthly thereafter.

A complaint was received by the Ministry of Health and Long-Term Care related to resident #004's changes in condition during their stay at the long term care home.

A review of the home's policy Assessment/Documentation - Resident Weight Monitoring RCS C-25

last reviewed June 1, 2018 states:

PROCEDURE:

2. Each resident will be weighed monthly between the 1st and the 7th of the month and the weight is recorded in the weights/vitals tab in Point Click Care (PCC) by the Charge Nurse.
4. For any weight change 5% or more or 2 kg from the previous month with the Nursing Supervisor will verify weight by re-weighing resident. Re-weighs will be completed within 24 hours and entered in PCC. If there is a weigh variance of 5% or more an automatic weight change warning will appear in the "weight variance" of PCC. The Nursing Supervisor must indicate reason for the



weight

change and action taken by clearing the weight change on the dashboard.

In an interview with Registered Dietitian (RD) #117, they acknowledged that resident #004 had significant changes in a specific measurement during a specified three month period of time and that the home had a policy in place that indicated that specific measurements would be done monthly between the 1st and the 7th of the month and recorded in PCC. They also stated that if there was a variance staff should be re-doing the measurement but acknowledged that they had to keep after staff to ensure re-measurements are done. RD #117 also indicated that it was the nursing staff's responsibility to ensure re-measurements were completed per the policy.

During an interview with DOC #100 they stated that specific measurements were to be taken the first week of the month, they thought perhaps the resident's measurement was not done due to specific conditions but could not find documentation to support this. DOC #100 indicated that resident #004's measurement should have been measured the first week of a specific month, and that a variance should have result in a re-measurement by nursing staff related to the home's policy.

The licensee failed to ensure that the home's policy was complied with and that resident #004's specific measurements were taken within the first week of the month, and that the variance in resident #004's measurements should have resulted in a re-measurement.
(115) [s. 8. (1) (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 r. 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, is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management



Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #004 who was incontinent received an assessment that:
included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident required.

A complaint was received by the Ministry of Health and Long-Term Care related to resident #004's specific care need.

During a record review the inspector was unable to locate a specific assessment that included identification of causal factors, patterns, type and potential to restore function with specific interventions. The Admission Minimum Data Set (MDS) assessment indicated that resident #004 had specific conditions.

A review of the home's policy Bowel/Bladder Assessment - Continence Assessment the following was noted:

PROCEDURE:

3. The registered staff completes the continence assessment on residents who are incontinent on admission, and when there is a change in resident continence status.

The policy included an attachment/form titled Continence Assessment which included the identification of causal factors, patterns, type of incontinence and potential to restore function, with a plan and goals.

An interview with internal Behavioural Support Ontario (BSO) Personal Support Worker



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#121 they indicated that resident #004 had a specific condition and required a specific intervention.

During an interview with Resident Assessment Instrument - Minimum Data Set (RAI-MDS) Registered Practical Nurse (RPN) #124 they reviewed the process for continence assessment on admission referencing the policy and the assessment in Point Click Care (PCC) under the assessment tab. They were unable to locate an assessment for resident #004.

The Director of Care (DOC) #100 reviewed resident #004's clinical record and was unable to locate a specific assessment. They indicated that an assessment should be completed on admission and with a change in status per the home's policy and the regulations.

The licensee has failed to ensure that resident #004 received an assessment that: included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident required. [s. 51. (2) (a)]

Issued on this 6th day of February, 2019

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

Original report signed by the inspector.



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
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**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) : DEBRA CHURCHER (670), TERRI DALY (115)

Inspection No. /

No de l'inspection : 2019_563670_0001

Log No. /

No de registre : 028517-18, 030680-18, 032470-18, 032919-18

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jan 28, 2019

Licensee /

Titulaire de permis : Rykka Care Centres LP
3760 14th Avenue, Suite 402, MARKHAM, ON, L3R-3T7

LTC Home /

Foyer de SLD : Berkshire Care Centre
350 Dougall Avenue, WINDSOR, ON, N9A-4P4

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Linda Calabrese

To Rykka Care Centres LP, 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
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

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. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).

Order / Ordre :

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

The licensee must be compliant with O. Reg 79/10, r. 212. (1).

The licensee shall ensure that the home's Administrator works regularly, in that position, on site at the home, for at least 35 hours per week.

The licensee shall provide the MOHLTC London Service Area Office with weekly, emailed, progress reports related to the attempts to secure a permanent Administrator for the home. The weekly progress report will also include a detailed account of the hours worked in the Administrator role by any persons that are filling the position on an interim basis.

The licensee shall provide the MOHLTC London Service Area Office with the credentials of any persons that fill the position of Administrator on an interim basis and will ensure that any persons acting as the Administrator of the home on an interim basis or permanent basis will qualify under the following legislation:

O. Reg. 79/10, s. 212 (4). Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,

(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration;

(b) Has at least three years working experience,

(i) in a managerial or supervisory capacity in the health or social services sector, or

(ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d);

(c) has demonstrated leadership and communications skills; and

(d) has successfully completed or, subject to subsection (6) is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week: 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. 2. In a home with a licensed bed capacity of more than 64 but



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December 21, 2018, 9 hours on site.

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January 4, 2019, 9 hours on site.

January 8, 2019, 4 hours off site for job descriptions.

The time period reviewed was from November 9, 2018, through January 8, 2019. The review showed that there was a total of 107.5 hours of Administration hours worked, out of a required minimum of 273 hours for that time frame.

On January 9, 2019, VPOO #112 acknowledged that the home was not meeting the minimum requirement of 35 hours per week for Administrator hours worked in the home.

The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home for at least 35 hours per week.

The severity of this issue was determined to be a level one as there was minimum risk to the residents. The scope of this issue was a level three as it was widespread as it related to Administrator support for the entire home. The home had a compliance history of unrelated non-compliance.

(670)

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

Feb 28, 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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O. 2007, chap. 8

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



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

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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 28th day of January, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Debra Churcher

Service Area Office /

Bureau régional de services : London Service Area Office