



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

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
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Bureau régional de services de
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159 rue Cedar Bureau 403
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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
Apr 6, 2018	2018_565647_0009	004173-18	Director Order Follow Up

Licensee/Titulaire de permis

Victoria Village Inc.
76 Ross Street BARRIE ON L4N 1G3

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

Victoria Village Manor
78 Ross Street BARRIE ON L4N 1G3

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

JENNIFER BROWN (647)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Director Order Follow Up inspection.

This inspection was conducted on the following date(s): This inspection was conducted off-site on the following date(s): March 21-23, 26-28, and April 5, 2018.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Resident and Family Service Coordinator, and the North Simcoe Muskoka Local Health Integration Network (NSMLHIN).

A follow up inspection to a Director Order (DO#002 served on 2018-02-26) has concluded that the Director Order was not complied with. An Inspector's Order (CO#001) has been issued for the same non-compliance (s. 44.).

During the course of the inspection, the inspector conducted record reviews of client applications for admission to the home and reviewed the refusal for admission letters from the home.

The following Inspection Protocols were used during this inspection:

Admission and Discharge

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

1 WN(s)

0 VPC(s)

1 CO(s)

1 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 LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

(a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).

(b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).

(c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).

(d) contact information for the Director. 2007, c. 8, s. 44. (9).

Findings/Faits saillants :

1. The licensee has failed to approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval; and

If the licensee withholds approval for admission, the licensee has failed to give to persons described in subsection (10) a written notice setting out,

(a) the ground or grounds on which the licensee is withholding approval;

(b) a detailed explanation of the supporting facts, as they relate both to the home and to



- the applicant's condition and requirements for care;
- (c) an explanation of how the supporting facts justify the decision to withhold approval; and
 - (d) contact information for the Director. 2007, c. 8, s. 44 (9).

A Director's order had been served to the licensee on January 18, 2018, as a result of an appeal to compliance order #002, to the licensee on December 5, 2017, from inspection #2017_491647_0019 related to s. 44. (7). The Director Order ordered the licensee to:

1. The home shall cease the practice of withholding an applicant's approval unless:
 - (a) the home lacks the physical facilities necessary to meet the applicant's care requirements,
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements, or
 - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval
2. The licensee shall obtain current placement applications for applicants #012, #013, #014, #015, #075, and #076 if the applicants are still choosing Victoria Village Inc.
3. The licensee shall accept resident #012, #013, #014, #015, #075, and #076's applications unless specified by this legislation.
4. Should the licensee withhold approval, the licensee must meet the requirements of s. 44(9) of the LTCHA and provide a notice addressing:
 - (a) the grounds on which the licensee is withholding approval,
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care,
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and,
 - (d) contact information for the Director.

During an interview with the Director of Home and Community Care with North Simcoe Muskoka Local Health Integration Network (NSMLHIN), formerly Community Care Access Centre (CCAC), it had been indicated that the above mentioned applicants had all been successful in finding alternate placements in Long Term Care (LTC), however



further indicated to the inspector that five applications had been refused after the compliance date of December 15, 2017.

Record review of the involved applicant files indicated:

Applicant #001 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated “our staff lacks the nursing expertise necessary to meet your care requirement”, and further commented that due to the client's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #001 indicated at time of application, an assessment identified the applicant exhibited responsive behaviours once or twice a week.

During an interview with the Director of Care (DOC), they indicated that the refusal had been based on the applicant's responsive behaviours. The DOC further indicated that staff do not have time to re-approach applicant #001 at a later time.

Applicant #002 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated “our staff lacks the nursing expertise necessary to meet your care requirement”, and further commented that due to applicant's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #002 indicated at time of application, an assessment identified the applicant exhibited responsive behaviours once or twice per day.

During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that they can't admit applicant #002 as they exhibit responsive behaviours and staff do not have time to monitor them.

Applicant #003 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated “our staff lacks the nursing expertise necessary to meet your care requirement”, and further commented that due to the applicant's responsive behaviours, they would pose a risk to



our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #003 indicated at the time of application, an assessment identified the applicant exhibited responsive behaviours less than once per week.

During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that there would not be enough staff to monitor the periodic responsive behaviours.

Applicant #004 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated "our staff lacks the nursing expertise necessary to meet your care requirement", and further commented that due to the applicant's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #004 indicated at the time of application, an assessment identified the applicant exhibited responsive behaviours several times per week.

During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that there would not be enough staff to manage the demands of this applicant specifically relating to the responsive behaviours.

Applicant #005 applied for admission to the home. On an identified date in December, 2017, the home responded in writing to the substitute decision maker and stated "our staff lacks the nursing expertise necessary to meet your care requirement", and further commented that due to the applicant's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #005 indicated at the time of application, an assessment identified the applicant exhibited responsive behaviours once or twice per day.



During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that there would not be enough staff to manage the applicant's responsive behaviours. The DOC confirmed with inspector that the reason documented on the refusal letters for withholding approval for the above indicated five applicants had indicated that "staff lacks the nursing expertise necessary to meet the care requirement".

When asked how the staff are lacking in expertise and what the home is doing to provide staff with the appropriate training, the DOC indicated that staff have been trained using the Gentle Persuasive Approach (GPA) and currently are equipped with strategies to manage responsive behaviours however staff do not have the time to care for residents who exhibit responsive behaviours. [s. 44. (7)]

2. Further review of all five above mentioned refusal letters indicated the home had not included a detailed explanation of how the supporting facts justify the decision to withhold approval or contact information for the Director.

The licensee failed to complete part 4(b)(c) of DO #02:

Part 4 stated:

Should the licensee withhold approval, the licensee must meet the requirements of s. 44(9) of the Long Term Care Home Act (LTCHA) and provide a notice addressing:

- (b) an explanation of how the supporting facts justify the decision to withhold approval, and
- (c) contact information for the Director.

The DOC confirmed during an interview that the letters that had been sent to the above mentioned applicant's had not included an explanation of how the supporting facts justify the decision to withhold approval and they did not include the contact information for the Director. The DOC further indicated that they did not know that this had been included in the Directors Order. [s. 44. (9)]



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Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
DR # 001 – The above written notification is also being referred to the Director for
further action by the Director.***

Issued on this 6th day of April, 2018

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
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*

**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) : JENNIFER BROWN (647)

Inspection No. /

No de l'inspection : 2018_565647_0009

Log No. /

No de registre : 004173-18

Type of Inspection /

Genre d'inspection: Director Order Follow Up

Report Date(s) /

Date(s) du Rapport : Apr 6, 2018

Licensee /

Titulaire de permis : Victoria Village Inc.
76 Ross Street, BARRIE, ON, L4N-1G3

LTC Home /

Foyer de SLD : Victoria Village Manor
78 Ross Street, BARRIE, ON, L4N-1G3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Olivia Schmitz

To Victoria Village Inc., you are hereby required to comply with the following order(s)
by the date(s) set out below:



**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

Order # / **Order Type /**
Ordre no : 001 **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2017_491647_0019, DO #002;
existant:

Pursuant to / Aux termes de :
LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Order / Ordre :

The licensee must be compliant with s.44 of the LTCHA.

Specifically, the licensee shall:

1. Cease the practice of withholding an applicant's approval unless:
 - (a) the home lacks the physical facilities necessary to meet the applicant's care requirements;
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or
 - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44 (7)
2. Immediately contact the appropriate placement coordinator at the North Simcoe Muskoka Local Health Integration Network to request the most recent MDS assessments for applicants #001, #002, #003, #004, and #005 if the applicants are still choosing Victoria Village Inc.
3. Accept applicants #001, #002, #003, #004, and #005 unless as specified by this legislation.
4. Should the licensee withhold approval, the licensee must meet the requirements of s. 44 (9) of the LTCHA and provide a notice addressing:
 - (a) the ground or grounds on which the licensee is withholding approval;
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and,
 - (d) contact information for the Director. 2007, c. 8, s. 44 (9).
5. Implement change to the approval process of applications whereby, the Licensee is involved in the decision to withhold or accept.

Grounds / Motifs :

1. 1. The licensee has failed to approve the applicant's admission to the home unless,
 - (a) the home lacks the physical facilities necessary to meet the applicant's care requirements;
 - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval; and

If the licensee withholds approval for admission, the licensee has failed to give to persons described in subsection (10) a written notice setting out,

- (a) the ground or grounds on which the licensee is withholding approval;
- (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
- (c) an explanation of how the supporting facts justify the decision to withhold approval; and
- (d) contact information for the Director. 2007, c. 8, s. 44 (9).

A Director's order had been served to the licensee on January 18, 2018, as a result of an appeal to compliance order #002, to the licensee on December 5, 2017, from inspection #2017_491647_0019 related to s. 44. (7). The Director Order ordered the licensee to:

1. The home shall cease the practice of withholding an applicant's approval unless:

- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements,
- (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements, or
- (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval

2. The licensee shall obtain current placement applications for applicants #012, #013, #014, #015, #075, and #076 if the applicants are still choosing Victoria Village Inc.

3. The licensee shall accept resident #012, #013, #014, #015, #075, and #076's applications unless specified by this legislation.

4. Should the licensee withhold approval, the licensee must meet the requirements of s. 44(9) of the LTCHA and provide a notice addressing:

- (a) the grounds on which the licensee is withholding approval,
- (b) a detailed explanation of the supporting facts, as they relate both to the home

and to the applicant's condition and requirements for care,
(c) an explanation of how the supporting facts justify the decision to withhold approval; and,
(d) contact information for the Director.

During an interview with the Director of Home and Community Care with North Simcoe Muskoka Local Health Integration Network (NSMLHIN), formerly Community Care Access Centre (CCAC), it had been indicated that the above mentioned applicants had all been successful in finding alternate placements in Long Term Care (LTC), however further indicated to the inspector that five applications had been refused after the compliance date of December 15, 2017.

Record review of the involved applicant files indicated:

Applicant #001 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated "our staff lacks the nursing expertise necessary to meet your care requirement", and further commented that due to the client's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #001 indicated at time of application, an assessment identified the applicant exhibited responsive behaviours once or twice a week.

During an interview with the Director of Care (DOC), they indicated that the refusal had been based on the applicant's responsive behaviours. The DOC further indicated that staff do not have time to re-approach applicant #001 at a later time.

Applicant #002 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated "our staff lacks the nursing expertise necessary to meet your care requirement", and further commented that due to applicant's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #002 indicated at time of application, an assessment identified the applicant exhibited responsive behaviours once or

twice per day.

During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that they can't admit applicant #002 as they exhibit responsive behaviours and staff do not have time to monitor them.

Applicant #003 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated "our staff lacks the nursing expertise necessary to meet your care requirement", and further commented that due to the applicant's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #003 indicated at the time of application, an assessment identified the applicant exhibited responsive behaviours less than once per week.

During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that there would not be enough staff to monitor the periodic responsive behaviours.

Applicant #004 applied for admission to the home. On an identified date in January, 2018, the home responded in writing to the substitute decision maker and stated "our staff lacks the nursing expertise necessary to meet your care requirement", and further commented that due to the applicant's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #004 indicated at the time of application, an assessment identified the applicant exhibited responsive behaviours several times per week.

During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that there would not be enough staff to manage the demands of this applicant specifically relating to the responsive behaviours.

Applicant #005 applied for admission to the home. On an identified date in

December, 2017, the home responded in writing to the substitute decision maker and stated "our staff lacks the nursing expertise necessary to meet your care requirement", and further commented that due to the applicant's responsive behaviours, they would pose a risk to our vulnerable population and interfere with our ability to provide a safe environment to our current residents.

A further record review of applicant #005 indicated at the time of application, an assessment identified the applicant exhibited responsive behaviours once or twice per day.

During an interview with the DOC, they indicated that the refusal had been based on applicant's responsive behaviours. The DOC further indicated that there would not be enough staff to manage the applicant's responsive behaviours. The DOC confirmed with inspector that the reason documented on the refusal letters for withholding approval for the above indicated five applicants had indicated that "staff lacks the nursing expertise necessary to meet the care requirement".

When asked how the staff are lacking in expertise and what the home is doing to provide staff with the appropriate training, the DOC indicated that staff have been trained using the Gentle Persuasive Approach (GPA) and currently are equipped with strategies to manage responsive behaviours however staff do not have the time to care for residents who exhibit responsive behaviours. [s. 44. (7)] (647)

2. Further review of all five above mentioned refusal letters indicated the home had not included a detailed explanation of how the supporting facts justify the decision to withhold approval or contact information for the Director.

The licensee failed to complete part 4(b)(c) of DO #02:

Part 4 stated:

Should the licensee withhold approval, the licensee must meet the requirements of s. 44(9) of the Long Term Care Home Act (LTCHA) and provide a notice addressing:

- (b) an explanation of how the supporting facts justify the decision to withhold approval, and
- (c) contact information for the Director.



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

The DOC confirmed during an interview that the letters that had been sent to the above mentioned applicant's had not included an explanation of how the supporting facts justify the decision to withhold approval and they did not include the contact information for the Director. The DOC further indicated that they did not know that this had been included in the Directors Order.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm. The scope of the issue was a level 3 as it related to five of five applicants reviewed. The home had a level 4 history as they had on-going non-compliance with this section of the LTCHA that include:
-Compliance Order (CO) issued December 6, 2017, (2017_491647_0019). (647)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 30, 2018



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**Ministère de la Santé et
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Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

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



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

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

Health Services Appeal and Review Board and the Director

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

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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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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*

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**

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*

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 6th day of April, 2018

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



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

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

Name of Inspector /

Nom de l'inspecteur :

Jennifer Brown

Service Area Office /

Bureau régional de services : Sudbury Service Area Office