

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

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

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
Facsimile: (519) 885-2015

Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

**Amended Public Copy/Copie modifiée du rapport public**

<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 17, 2020	2020_781729_0020 (A1)	017167-20, 018041-20	Critical Incident System

**Licensee/Titulaire de permis**

Schlegel Villages Inc.  
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Sandalwood Park  
425 Great Lakes Drive Brampton ON L6R 2W8

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

Amended by KIM BYBERG (729) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**Extension of CDD as requested due COVID-19 outbreak**

**Issued on this 17th day of December, 2020 (A1)**

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

**Original report signed by the inspector.**

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325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5**Long-Term Care Home/Foyer de soins de longue durée**The Village of Sandalwood Park  
425 Great Lakes Drive Brampton ON L6R 2W8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

Amended by KIM BYBERG (729) - (A1)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): October 13 - 16, 19 - 21, 2020**

**The following intakes were completed within the Critical Incident inspection:**

**Log #017167-20, related to a medication incident;**

**Log #018041-20, related to an injury for which a resident was taken to the hospital which caused a significant change in condition.**

**During the course of the inspection, the inspector(s) spoke with the General Manager, Director of Resident Care (DOC), Registered Practical Nurse (RPN), Kinesiologist, Physician, Behavioural Support Lead, Quality Consultant, Personal Support Worker (PSW), Houskeeper, Residents and families.**

**During this inspection, inspector(s) toured and observed resident care areas; and common areas, observed residents and the care provided to them, reviewed relevant clinical records, policies and procedures, schedules, education records; and observed the general maintenance, cleanliness, infection control practices, safety and condition of the home.**

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

**Falls Prevention  
Medication  
Responsive Behaviours**

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

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

**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. 8. Policies, etc., to be followed, and records**

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

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Medication Reconciliation Policies and Procedures were complied with for three residents.

O.Reg. 79/10 s. 114(2) requires that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, destruction and disposal of all drugs used in the home.

Specifically, staff did not comply with the MediSystem Pharmacy policy and procedure titled "Policies and Procedures, Manual for MediSystem serviced home".

A) When a new resident was admitted to the home, another residents' medications were ordered for them in error.

The Registered Practical Nurse (RPN) did not complete the medication reconciliation correctly and as a result the Physician ordered the wrong medications for the newly admitted resident.

The combination of the RPN not completing the medication reconciliation according to the homes' process, and a second registered staff and the physician signing for verbal orders posed actual risk to the resident as they received incorrect medications for one month before the medication incident was discovered.

B) Two other residents admitted to the home did not have their medication reconciliation process completed correctly as per the home's policy.

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The registered staff not completing the medication reconciliation as per the the home's policy, and ensuring that that all health care providers had easy access to the resident's medication history, put residents at risk for harm of a medication error.

Sources: Sources: eMAR July/Aug 2020, Policy Titled “Policies and Procedures, Manual for MediSystem serviced home” Updated June 2020, Med e-care first and second nursing check flowchart, New Admission Order form, Physician’s Digiorder, Home’s investigation notes, Discharge Prescriptions and reconciliation from Grey Bruce Health Services, and Interviews with DOC and Registered Staff.  
[s. 8. (1) (b)]

***Additional Required Actions:***

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

**(A1)**

**The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001**

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**WN #2: 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. (11) When a resident is reassessed and the plan of care reviewed and revised,**

**(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and 2007, c. 8, s. 6 (11).**

**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that when a resident's plan of care was revised because care set out in the plan had not been effective, different approaches had been considered in the revision of the plan of care.

In a two month time frame a resident, at moderate risk for falls, had an increase in their responsive behaviours and on multiple occasions it was documented they were found on the floor. The interventions to mitigate the risk for falls and to respond to their responsive behaviours were often not effective. There were no strategies in place to monitor the resident for the risk posed by these behaviours.

Different approaches were not considered in the revision of the resident's plan of care to prevent falls, and to monitor and respond to the increase in their responsive behaviours until after a significant injury occurred to the resident. This delay in the revision of the plan of care increased the risk of further falls and injuries that could result in actual harm to the resident.

Sources: Resident #001's progress notes and care plan, interviews with Falls Lead #102, BSO Lead #109, and DOC #101 [s. 6. (11) (b)]

***Additional Required Actions:***



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***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 then the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

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

**s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).**

**Findings/Faits saillants :**

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1. The licensee has failed to ensure that when a resident fell a post-fall assessment was completed using a clinically appropriate assessment.

A Personal Support Worker (PSW) found a resident with part of their body on the floor and the other half of their body in bed. The resident was assisted to bed, and the registered staff notified. The Registered staff did not complete a post fall assessment following this incident.

One day after the incident, the resident was noted to have a significant injury requiring medical intervention and treatment at the hospital.

The home's policy titled Falls Prevention and Management Program #04-33, last revised April 8, 2020, stated if a resident was lowered to the floor with the assistance of the team members, it should be recorded as a fall.

The resident was not assessed using a clinically appropriate assessment tool, which increased the risk that injuries and pain may not have been identified and appropriate interventions implemented immediately.

Sources: the home's investigative notes, the home's Fall Prevention and Management Program policy, last revised on April 8, 2020, resident #001's progress notes, care plan, and interview with DOC #101 and other staff [s. 49. (2)]

***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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131.**

**Administration of drugs**

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

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that medication for a resident was administered in accordance with the directions for use specified by the prescriber.

A medication incident occurred for a resident. When new medications were ordered, the resident did not receive their full compliment of medications until three days after they were prescribed. Four of the six medications prescribed were available from the homes' emergency drug or government stock box, but were not retrieved for administration.

The pharmacy policy that the home had adapted titled "Policies and Procedures, Manual for MediSystem serviced home" Updated June 2020, section 19, stated that medication from the emergency drug box was to be used when a new medication order was received by the prescriber which required initiation of the therapy prior to the next scheduled pharmacy delivery.

When the correct medications were ordered, the home failed to follow up with the physician and pharmacy when there was a delay in getting the prescribed medications. In addition, the home did not retrieve medications from the emergency drug box, putting the resident at risk for serious harm.

Sources: eMAR July/Aug 2020, Emergency Drug box list, Policy Titled "Policies and Procedures, Manual for MediSystem serviced home" Updated June 2020, section 19, New Admission Order form, Physician's Digiorder, Interviews with DOC and Registered Staff. [s. 131. (2)]

***Additional Required Actions:***

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***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 drugs are administered to residents in  
accordance with the directions for use specified by the prescriber, to be  
implemented voluntarily.***

**Issued on this 17th day of December, 2020 (A1)**

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

**Original report signed by the inspector.**

**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  
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Long-Term Care Operations Division  
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soins de longue durée  
Inspection de soins de longue durée

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by KIM BYBERG (729) - (A1)

**Inspection No. /  
No de l'inspection :** 2020\_781729\_0020 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 017167-20, 018041-20 (A1)

**Type of Inspection /  
Genre d'inspection :** Critical Incident System

**Report Date(s) /  
Date(s) du Rapport :** Dec 17, 2020(A1)

**Licensee /  
Titulaire de permis :** Schlegel Villages Inc.  
325 Max Becker Drive, Suite. 201, Kitchener, ON,  
N2E-4H5

**LTC Home /  
Foyer de SLD :** The Village of Sandalwood Park  
425 Great Lakes Drive, Brampton, ON, L6R-2W8

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

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**Order(s) of the Inspector**

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

To Schlegel Villages 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**

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l'article 154 de la *Loi de 2007 sur les  
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2007, chap. 8

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**Order # /****No d'ordre:** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, 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  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

The licensee must be compliant with s. 8(1)(b) of O. Reg. 79/10.

Specifically, the licensee must ensure that:

A) All registered staff are re-educated on the MediSystem policy and procedures titled "Policies and Procedures manual for MediSystem serviced homes" updated June 2020 on section 12 Medication Reconciliation in its entirety and section 19 Emergency box policy. A record of the education is to be kept in the home and must include the person responsible for the education, the names of the registered staff educated including their signature and the date the education was completed.

B) An evaluation is carried out following the re-education to ensure the registered staff understand the policies identified. A copy of each evaluation must be documented and kept in the home.

C) Re-education is provided to all registered staff on the specific responsibilities for each person involved in the resident admission process. A record of the education is to be kept in the home and must include the person responsible for the education, the names of the registered staff educated including their signature and the date the education was

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

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completed.

D) Designate one registered staff member for the medication reconciliation. The designate would be responsible for obtaining an accurate and completed medication history, documenting the two sources, recording on the new/re-admission order form and sending the new/re-admission orders to the pharmacy.

E) Develop and conduct audits of the medication reconciliation process for every new/re-admission of a resident. The audits should include a review of the following:

- all sections of new/re-admission order form to ensure they were completed in full;
- the sources of medication history;
- the correct process for registered staff checks and;
- the two sources of medication history ensuring they were filed with the new/re-admission form for easy access so all health care professionals can review the medication history.

The audits should be completed for minimum of three months or ongoing until compliance is achieved.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the Medication Reconciliation Policies and Procedures were complied with for three residents.

O.Reg. 79/10 s. 114(2) requires that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, destruction and disposal of all drugs used in the home.

Specifically, staff did not comply with the MediSystem Pharmacy policy and procedure titled "Policies and Procedures, Manual for MediSystem serviced home".

A) When a new resident was admitted to the home, another residents' medications were ordered for them in error.

The Registered Practical Nurse (RPN) did not complete the medication reconciliation



**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

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correctly and as a result the Physician ordered the wrong medications for the newly admitted resident.

The combination of the RPN not completing the medication reconciliation according to the homes' process, and a second registered staff and the physician signing for verbal orders posed actual risk to the resident as they received incorrect medications for one month before the medication incident was discovered.

B) Two other residents admitted to the home did not have their medication reconciliation process completed correctly as per the home's policy.

The registered staff not completing the medication reconciliation as per the the home's policy, and ensuring that that all health care providers had easy access to the resident's medication history, put residents at risk for harm of a medication error.

Sources: Sources: eMAR July/Aug 2020, Policy Titled "Policies and Procedures, Manual for MediSystem serviced home" Updated June 2020, Med e-care first and second nursing check flowchart, New Admission Order form, Physician's Digiorder, Home's investigation notes, Discharge Prescriptions and reconciliation from Grey Bruce Health Services, and Interviews with DOC and Registered Staff. [s. 8. (1) (b)]

An order was made by taking the following factors into account:

**Severity:** The licensee not ensuring that the MediSystem policies and procedures were followed posed actual risk to a resident as they received medications that were ordered for a different resident. There is ongoing immediate risk to the residents as the medication reconciliation process continues to not be followed.

**Scope:** This non-compliance was widespread as the correct medication reconciliation process was not followed for three out of three residents reviewed.

**Compliance History:** Thirteen written notifications (WN), nine voluntary plans of correction (VPCs) and two compliance orders (CO), all of which have been complied, were issued to the home related to different sections of the legislation in the past 36 months.

**Order(s) of the Inspector**

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

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

(729)

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

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

Jan 29, 2021(A1)

**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

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l'article 154 de la *Loi de 2007 sur les  
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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 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:

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

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section 154 of the *Long-Term  
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2007, c. 8

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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 des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**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

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 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](http://www.hsarb.on.ca).

**Issued on this 17th day of December, 2020 (A1)**

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

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

Amended by KIM BYBERG (729) - (A1)

**Order(s) of the Inspector**

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section 154 of the *Long-Term  
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2007, c. 8

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

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

Central West Service Area Office