



**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
prévues le Loi de 2007 les
foyers de soins de longue**

**Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch**
**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance et de la
conformité**

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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 14, 15, 21, 22, Mar 2, 7, 15, 28, Apr 11, 12, May 15, Jun 7, 8, 2012	2012_061129_0002	Critical Incident

Licensee/Titulaire de permis

BARTON RETIREMENT INC.
1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3

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

THE WELLINGTON NURSING HOME
1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3

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

PHYLLIS HILTZ-BONTJE (129)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Residents, the Administrator, the Director of Care, the Assistant Director of Care, Personal Support workers and registered nursing staff.

During the course of the inspection, the inspector(s) observed residents, reviewed clinical records as well as reviewed home policies and other documents.

This inspection pertains to the following log numbers: H-002385-11, H-000286-11 and H-002587-11.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.**
- 4. Misuse or misappropriation of a resident's money.**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).**

Findings/Faits saillants :

1. Registered staff who had reasonable grounds to suspect that abuse of a resident had occurred and documented this incident did not immediately report the suspicion and information upon which it was based to the Director in relation to the following: [24(1)2]
 - Staff had reason to suspect that abuse had occurred when they documented in an identified resident's clinical record in 2012 that the resident was found in the lounge sitting beside a co-resident demonstrating inappropriate behaviour while the co-resident was yelling at the resident to stop. Staff did not interview the co-resident at the time of the incident and there is no documentation in the co-resident's clinical record about this incident. The Director of Care confirmed that this incident was not reported to the Director.

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. 54. Altercations and other interactions between residents

Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

- (a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and**
- (b) identifying and implementing interventions. O. Reg. 79/10, s. 54.**

Findings/Faits saillants :

1. The Licensee did not ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between and among residents by identifying and implementing interventions when an identified resident was demonstrating responsive behaviours in relation to the following: [54(b)]
Staff in the home did not identify or implement care intervention that minimized altercations with other residents when an identified resident continued to demonstrate responsive behaviours. Over a three month period in 2012 there were 19 documented altercations between an identified resident and 14 co-residents in the home.

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect
Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee did not protect two identified residents from abuse by a co-resident, in relation to the following: [19(1)]

- Staff in the home were aware of the medical history of an identified resident. The resident's physician discontinued the treatment for this medical condition in 2011 and the plan of care in place at the time did not identify interventions for monitoring the resident and the possible return of the signs and symptoms that may indicate the condition was returning. The Director of Care confirmed that interventions for monitoring the resident were not in place.
- The home also became aware of a situation reported in 2011 that indicated the condition may be returning and the home did not put interventions in place for monitoring the resident.
- An identified co-resident was abused by the resident in 2012, when the resident demonstrated inappropriate behaviour with the co-resident while the co-resident was yelling stop.
- A second identified resident was abuse by the resident in 2012, when the resident demonstrated inappropriate behaviour with the co-resident despite the co-resident resisting this behaviour.

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 and ensuring that every licensee of a long-term care home shall protect residents from abuse by anyone, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

- (a) shall provide that abuse and neglect are not to be tolerated;**
- (b) shall clearly set out what constitutes abuse and neglect;**
- (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
- (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
- (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
- (f) shall set out the consequences for those who abuse or neglect residents;**
- (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
- (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :

1. The Licensee did not ensure that the policy in place to promote zero tolerance of abuse and neglect of residents contains an explanation of the duty under section 24 to make mandatory reports with respect to the following: [20(2)(d)] The Director of Care was asked to provide the home's abuse policy and in response provided policy # ADM-VI-06/NUR-II-02 [Abuse Policy] dated January 2012 which directs staff that the reporting and investigation process shall comply with the Ministry of Health reporting regulations and any other health care regulating organizations as required. The policy does not provide an explanation of the duty under section 24 to make mandatory reports. The Director of Care confirmed that the policy does not provide an explanation of the duty under section 24.
2. The Licensee did not ensure that the policy in place to promote zero tolerance of abuse and neglect of residents clearly set out what constitutes abuse and neglect with respect to the following: [20(2)(b)] The home's policy # ADM-VI-06/NUR-II-02 [Abuse Policy] dated January 2012, does not contain a definition of abuse that is consistent with O. Reg. 79/10 s. 2(1). The home's policy defines abuse as a misuse of power, trust, intimacy between the health care professional and the client and does not contain any reference or direction for staff in relation to what constitutes abuse between residents and persons other than staff. The Director of Care confirmed that the home's policy does not provide a complete definition of abuse in accordance with the regulations.

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 with 20(2)(b) and 20(2)(d) of the LTCHA 2007, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following subsections:

- s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,**
- (a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and**
 - (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).**

Findings/Faits saillants :

1. The licensee did not ensure that resident's substitute decision-makers were immediately notified upon the licensee becoming aware that a suspected incident of abuse had occurred involving an identified resident, related to the following: [97(1)(a)]
 - Staff became aware of an incident of suspected abuse of an identified resident that occurred in 2012 and documented this incident in the co-residents clinical record. There was no documentation in the identified resident's clinical record regarding this incident and the Director of Care confirmed that the resident's substitute decision maker was not notified of the incident.

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 and ensuring that the resident's substitute decision-maker, if any, and any other person specified by the resident are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse that has resulted in a physical injury to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well being, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The licensee did not ensure that drugs being given to an identified resident, to manage an identified medical condition were monitored and there was no documentation of the effectiveness of these medications, in relation to the following: [134(a)]

- An identified resident's physician noted in 2012 that a known medical condition was again becoming an issue and began treating the identified resident with medication. There is no indication in the clinical record that there was monitoring and documentation of the resident's response and the effectiveness of this medication despite staff documenting in the clinical record that the resident continued to demonstrate signs and symptoms of the medical condition. The Director of Care confirmed that the residents response to the medication being given was not monitored or evaluated.
- The identified resident was also ordered a second medication by the physician to manage another medical condition. The medication administration record over a two month period indicates that the resident received this medication 12 times. For 8 of those times there is no documentation that identifies the effectiveness of this medication. The Director of Care confirmed that staff are expected to document the effectiveness of medication given as necessary on the back of the medication administration record and that this had not been done on the identified dates.

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 and ensuring that when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;

(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The licensee failed to ensure that the written policy under section 20 of the Act to promote zero tolerance of abuse of residents contained procedures and interventions to assist and support residents who have been abused, identified measures and strategies to prevent abuse and neglect and identified training and retraining requirements for all staff in relation to the following: 96(a)(c)(e)

The home's policy # ADM-VI-06/NUR-II-02 [Abuse Policy] last updated January 2012 does not contain procedures and interventions to assist and support residents who have been abuse or neglected or allegedly abused or neglected. This policy does not contain measures and strategies to prevent abuse and neglect. This policy also does not identify training and retraining requirements for all staff, including training on the relationship between the power imbalances between staff and residents or training on situations that may lead to abuse and neglect and how to avoid them. The Director of Care confirmed that the homes policy does not contain the required procedures, interventions, measures and strategies to prevent abuse and retraining requirements.

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 and ensuring that the written policy under section 20 of the Act to promote zero tolerance of abuse of residents contained procedures and interventions to assist and support residents who have been abused, identified measures and strategies to prevent abuse and neglect and identified training an retraining requirements for all staff, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following subsections:

s. 53. (3) The licensee shall ensure that,

- (a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;**
- (b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and**
- (c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).**

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;**
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and**
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

Findings/Faits saillants :

1. The licensee did not ensure that at least annually, the matters referred to in subsection O. Reg 79/10, s. 53(1) are evaluated and updated in accordance with evidenced-based practices and, if there are none, in accordance with prevailing practices in relation to the following: [53(3)(b)]

The Director of Care confirmed that the home did not perform an annual evaluation of the home's program/policies that are in place to meet the needs of residents with responsive behaviours, including:

- Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.
- Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.
- Resident monitoring and internal reporting protocols.
- Protocols for the referral of residents to specialized resources where required.

2. The licensee did not ensure that behavioural triggers were identified, where possible for an identified resident, with respect to the following: [53(4)(a)]

- Registered nursing staff documented 53 behavioural incident notes for an identified resident over a three month period in 2012. There was no evidence in the plan of care for this resident that those behavioural notes were reviewed and analyzed in order to determine possible behavioural triggers.
- A review of the behavioural flow sheets completed by Personal Support Workers (PSW) for the three month period of time indicated that staff have documented 74 episodes of responsive behaviours for this resident. There is no evidence that the plan of care for this resident related to those behavioural episodes was reviewed and analyzed in order to determine possible behavioural triggers.
- The Director of Care confirmed that there was not a review of this resident's behaviours in order to determine possible behavioural triggers.

Issued on this 12th day of July, 2012

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



**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*

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	PHYLLIS HILTZ-BONTJE (129)
Inspection No. / No de l'inspection :	2012_061129_0002
Type of Inspection / Genre d'inspection:	Critical Incident
Date of Inspection / Date de l'inspection :	Feb 14, 15, 21, 22, Mar 2, 7, 15, 28, Apr 11, 12, May 15, Jun 7, 8, 2012
Licensee / Titulaire de permis :	BARTON RETIREMENT INC. 1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3
LTC Home / Foyer de SLD :	THE WELLINGTON NURSING HOME 1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	LISA BRETNALL

To BARTON RETIREMENT 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**

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

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).

Order / Ordre :

The licensee shall, where there are reasonable grounds to suspect that a resident has been abused by anyone, immediately report the suspicion and the information upon which the suspicion is based to the Director.

Grounds / Motifs :

1. Previously issued as a WN on April 6, 2011
2. Registered staff who had reasonable grounds to suspect that abuse of a resident had occurred and documented this incident did not immediately report the suspicion and information upon which it was based to the Director, in relation to the following: [24(1)(a)]
 - Staff had reason to suspect that abuse had occurred when they documented in an identified resident's clinical record in 2012 that the resident was found in the lounge sitting beside a co-resident demonstrated inappropriate behaviour while the co-resident was yelling stop. There was no documentation in the co-resident's clinical record about this incident. The Director of Care confirmed that this incident was not reported to the Director. (129)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2012



**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 # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 54. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,
(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and
(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that when residents are demonstrating responsive behaviors that have the potential to result in altercations or potentially harmful interactions between residents that interventions are identified and implemented to minimize those altercations and potentially harmful interactions. The plan is to be submitted by June 15, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance and Improvement Branch, 119 King St. W., Hamilton, Ontario L8P 4Y7.

Grounds / Motifs :

1. Staff in the home did not identify or implement care interventions that minimized altercations with other residents when an identified resident continued to demonstrate responsive behaviours. During a three month period of time there were 18 documented incidents of responsive behaviours involving 14 co-residents in the home. (129)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2012



**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*

REVIEW/APEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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 and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

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

Health Services Appeal and Review Board and the

Director

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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.



**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*

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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
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La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 8th day of June, 2012

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

**Name of Inspector /
Nom de l'inspecteur :** PHYLLIS HILTZ-BONTJE

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