

**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
May 04, 2021	2021_661683_0004 (A1)	021149-20, 021576-20, 021805-20, 024676-20, 002692-21	Complaint

Licensee/Titulaire de permis

CVH (No. 1) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Cambridge ON N3H 5L8

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

West Park Health Centre
103 Pelham Road St Catherines ON L2S 1S9

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

Amended by LISA BOS (683) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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Home has requested an extension to the CDD to allow for DOC onboarding and staff training. New CDD May 31, 2021.

Issued on this 4 th day of May, 2021 (A1)

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

Original report signed by the inspector.

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

Amended by LISA BOS (683) - (A1)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 16, 17, 18, 19, 22, 23, 25, 26, March 1, 2, 3, 4, 5, 8, 10, 11, 12, 15 and 16, 2021.

This inspection was completed concurrently with critical incident inspection #2021_661683_0003.

The following intakes were completed during this complaint inspection:

Log #021149-20 was related to nutrition and hydration;

Log #021576-20 was related to nutrition and hydration;

Log #021805-20 was related to nutrition and hydration and personal support services;

Log #024676-20 was related to personal support services; and

Log #002692-21 was related to safe and secure home, the prevention of abuse and neglect and responsive behaviours.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Dietary / Environmental Manager, Nursing Clerk, Recreation Manager, Registered Dietitian (RD), cooks, program aides, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and residents.

During the course of the inspection, the inspector(s) observed the provision of care, resident and staff interactions, infection prevention and control practices and reviewed clinical health records, relevant home policies and procedures, menus, training records and other pertinent documents.

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The following Inspection Protocols were used during this inspection:

- Dining Observation
- Nutrition and Hydration
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Responsive Behaviours
- Safe and Secure Home
- Skin and Wound Care

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

- 5 WN(s)
- 1 VPC(s)
- 1 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.) 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. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

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1. The licensee has failed to ensure that the call bell system was maintained in a good state of repair.

A complaint was received regarding call bells not working on the first floor of the long-term care home.

Inspector #683 and the Executive Director tested call bells in two resident rooms. The lights flashed outside the resident rooms, but there was no audible sound in the room nor at the nursing station. Upon further review, the alarm system was unplugged at the nursing station, which meant that there was no audible sound for all call bells on the first floor of the home. After plugging it back in, the call bell was tested in a resident room and there was an audible sound at the nursing station, but the alarm sound could not be de-activated, and it continuously rang. As a result, the call bell system was unplugged again. The Executive Director indicated that they were not aware that the system was not fully functioning that day and acknowledged that staff were likely not aware of the issue because the call bell light system was still functioning.

The Executive Director immediately put a plan in place to ensure residents were checked on until the call bell system was either fixed or replaced. An external contractor came into the home to fix the call bell system several days later, but after two days the call bell system was not fully functioning again and the checks were re-started.

By not having a call bell system that was maintained in a good state of repair, it put residents at risk of harm as they may not receive assistance when required.

Sources: Observations of the first floor of the home; interview with the Executive Director. [s. 15. (2) (c)]

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(a) is a minimum of 21 days in duration; O. Reg. 79/10, s. 71 (1).

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).

(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner; O. Reg. 79/10, s. 71 (1).

(d) includes alternative beverage choices at meals and snacks; O. Reg. 79/10, s. 71 (1).

(e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1).

(f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71 (1).

(g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's menu cycle was a minimum of 21 days in duration, included alternative choices of vegetables at lunch and dinner, was approved by a registered dietitian who was a staff member of the home, and was reviewed by the Residents' Council for the home.

The home's Menus for Emergency Situations policy indicated that emergency menus should be implemented when an emergency situation arises and after the impact on the delivery of dietary services has been assessed. The procedure directed the dietary lead to consider the availability of utilities for food preparation, serving and ware washing; availability of water for cooking, drinking and

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sanitation; availability of staff; availability of food and supply deliveries; ability to meet modified diet needs; and availability of hydration stations in hot weather situations.

The home's Menu Planning policy stated that the corporate menu was to be reviewed with the home's Resident's Council and the menus were to be reviewed by the RD using the Dietitian Menu Approval Tool.

Three complaints were received regarding the home's emergency (pandemic) menu which included items not meeting resident preferences and no alternative choices of vegetables at lunch and dinner.

In an interview with the Food Service Manager (FSM), they indicated that the home was provided a copy of an emergency menu from the corporate office. Five months later, the home went into a suspect COVID-19 outbreak, which later turned into a confirmed COVID-19 outbreak and it was suggested to them to implement the home's emergency (pandemic) menu. The FSM indicated that the menu was provided for a period of approximately 11 days and was discontinued as the residents were unhappy. They acknowledged that the suspect outbreak/confirmed COVID-19 outbreak did not have an impact on the delivery of the dietary services (ie. There was no staffing shortage nor environmental concerns which would affect the ability to serve the meals to the residents).

The home's emergency (pandemic) menu was reviewed, and it was 14 days in duration and included a hot entrée and a sandwich at lunch and dinner. There were no alternative choices of vegetables at either meal. The home's Registered Dietitian confirmed that they did not review the menu, and the FSM confirmed that the Resident's Council did not review the menu.

A menu that was not 21 days in duration, that failed to include alternative choices of vegetables at lunch and dinner, that was not approved by a registered dietitian who was a staff member of the home and that was not reviewed by the resident's council put residents at risk of not receiving adequate nutrients when alternative vegetables were not available, and resulted in resident dissatisfaction.

Sources: Menus for Emergency Situations policy; Menu Planning policy; complaints submitted to the Director; review of the home's pandemic menu; interview with the FSM and other staff. [s. 71. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home's menu cycle is a minimum of 21 days in duration, includes alternative choices of vegetables at lunch and dinner, is approved by a registered dietitian who is a member of the staff of the home and is reviewed by the Residents' Council for the home, to be implemented voluntarily.

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

Specifically failed to comply with the following:

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

Findings/Faits saillants :

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1. The licensee has failed to ensure that two resident's written plans of care directed staff to keep them separated from each other.

A complaint was received regarding an allegation of abuse by one resident to another.

Staff interviews and record reviews identified that residents two residents had behaviours towards each other. A Personal Support Worker (PSW) and Registered Practical Nurse (RPN) indicated that they were directed by management to keep the residents separated from each other. The Director of Care (DOC) confirmed that this direction was provided to staff for the safety of one of the residents and acknowledged that it was not included in either resident's written plan of care.

By not updating either resident's written plan of care to direct staff to keep them separated, it put one of the residents at risk.

Sources: A complaint submitted to the Director; resident clinical records; interviews with a PSW, RPN, the DOC and other staff. [s. 6. (1) (a)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).****

Findings/Faits saillants :

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1. The licensee has failed to ensure that a resident's wound was reassessed at least weekly by a member of the registered nursing staff.

A complaint was received regarding a resident's wound not being assessed weekly.

A resident's clinical record indicated that they had a wound. Their electronic treatment administration record (eTAR) indicated that they were to have a wound assessment every week. There was no documentation in the eTAR or assessments section of Point Click Care (PCC) that the resident had their weekly wound assessment on two occasions. The progress notes were reviewed for both occasions and there was no documentation that the wound assessments were done, nor that the resident refused the assessments. On one of the dates, a RN documented that they were unable to do the weekly wound assessment on their shift, so a reminder was put in PCC for the next shift to complete it. There was no documentation that it was completed on the next shift.

The DOC reviewed the resident's clinical record and acknowledged that weekly wound assessments were not completed on two occasions.

By failing to complete a weekly wound assessment on a resident's wound, further changes in the resident's wound status may have gone unnoticed.

Sources: A resident's clinical record; interview with a RN, the DOC and other staff.
[s. 50. (2) (b) (iv)]

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food
production**

Specifically failed to comply with the following:

**s. 72. (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s.
72 (2).**

**s. 72. (4) The licensee shall maintain, and keep for at least one year, a record of,
(c) menu substitutions. O. Reg. 79/10, s. 72 (4).**

Findings/Faits saillants :

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1. The licensee has failed to ensure that the food production system provided for standardized recipes and production sheets for all menus.

Three complaints were received regarding the home's emergency (pandemic) menu.

The Food Service Manager (FSM) indicated that the home went into a suspect COVID-19 outbreak and it was suggested to them to implement the home's emergency (pandemic) menu.

The FSM was unable to provide the Inspector with standardized recipes or production sheets for the emergency (pandemic) menu and indicated that they did not have any available. They indicated that at the time the menu was used, they printed off general production sheets that did not list the specific food items for the cooks to use and the dietary staff used general temperature logs which also did not identify the specific food items that they were taking the temperatures of.

Sources: Complaints submitted to the Director; review of the home's pandemic menu; interview with the FSM and other staff. [s. 72. (2) (c)]

2. The licensee has failed to ensure that a record of menu substitutions was maintained and kept for at least one year.

A complaint was received regarding a menu substitution. The production sheet was reviewed, and it did not indicate any substitutions made to the regular menu that day.

The FSM, and dietary staff indicated that there was not enough of an ingredient, so it was substituted for a similar ingredient. They indicated that the menu substitution was relayed to residents using signage outside the dining room, but the change was not made on the production sheet. The FSM indicated that when menu substitutions were made, the production sheets were adjusted to reflect the substitutions, and acknowledged that there were no records of the substitution on the particular date.

Sources: A complaint submitted to the Director; review of production sheets and interview with the FSM and dietary staff. [s. 72. (4) (c)]

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Issued on this 4 th day of May, 2021 (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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2007, chap. 8

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by LISA BOS (683) - (A1)

**Inspection No. /
No de l'inspection :** 2021_661683_0004 (A1)

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

**Log No. /
No de registre :** 021149-20, 021576-20, 021805-20, 024676-20,
002692-21 (A1)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** May 04, 2021(A1)

**Licensee /
Titulaire de permis :** CVH (No. 1) LP
766 Hespeler Road, Suite 301, c/o Southbridge
Care Homes, Cambridge, ON, N3H-5L8

**LTC Home /
Foyer de SLD :** West Park Health Centre
103 Pelham Road, St Catherines, ON, L2S-1S9

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

Order(s) of the Inspector

Pursuant to section 153 and/or
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

To CVH (No. 1) LP, 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
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre: 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

The licensee must comply with s. 15 (2) of the LTCHA.

Specifically, the licensee shall prepare, submit and implement a plan to ensure that the call bell system on the first floor of the home is maintained in a good state of repair.

The plan must include but is not limited to:

1. An assessment of the current call bell system to determine if it is fully functioning, if it is reliable, if it is required to be fixed, or if a new system is required.
2. A reporting process for when it is determined that the call bell system is faulty and a process for repairing the system.
3. A process to ensure that residents are monitored, safe, and their care needs are being addressed if the call bell system is determined to be faulty.
4. Audits to ensure that the call bell system on the first floor is fully functioning, including who completed it, the date it was completed and the outcome of the audit. The audits are to occur at a minimum, weekly, or more frequently if the call bell system is determined to be faulty and based on the assessed needs of the residents.
5. Training for all staff who work on the first floor of the home to ensure they are aware that the call bell system is auditory and visual and when one or both are malfunctioning what the reporting process is. Records are to be maintained of the date the training was provided, who provided it, and who completed it.

Please submit the written plan for achieving compliance for inspection #2021_661683_0004 to Lisa Bos, LTC Homes Inspector, MLTC, by email to hamiltonSAO.MOH@ontario.ca by April 21, 2021.

Grounds / Motifs :

1. The licensee has failed to ensure that the call bell system was maintained in a good state of repair.

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

A complaint was received regarding call bells not working on the first floor of the long-term care home.

Inspector #683 and the Executive Director tested call bells in two resident rooms. The lights flashed outside the resident rooms, but there was no audible sound in the room nor at the nursing station. Upon further review, the alarm system was unplugged at the nursing station, which meant that there was no audible sound for all call bells on the first floor of the home. After plugging it back in, the call bell was tested in a resident room and there was an audible sound at the nursing station, but the alarm sound could not be de-activated, and it continuously rang. As a result, the call bell system was unplugged again. The Executive Director indicated that they were not aware that the system was not fully functioning that day and acknowledged that staff were likely not aware of the issue because the call bell light system was still functioning.

The Executive Director immediately put a plan in place to ensure residents were checked on until the call bell system was either fixed or replaced. An external contractor came into the home to fix the call bell system several days later, but after two days the call bell system was not fully functioning again and the checks were re-started.

By not having a call bell system that was maintained in a good state of repair, it put residents at risk of harm as they may not receive assistance when required.

Sources: Observations of the first floor of the home; interview with the Executive Director.

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

Severity: There was minimal risk of harm because without a fully functioning call bell system, staff may not be notified when residents require care and/or immediate attention.

Scope: The scope of this non-compliance was a pattern because the call bell system was not maintained in a good state of repair on one of the two floors in the home, affecting half the residents.

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

Compliance History: In the last 36 months, the licensee was found to be non-compliant with LTCHA, s. 15 (2) (c) and a Voluntary Plan of Correction (VPC) was issued to the home. (683)

This order must be complied with by /

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

May 31, 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

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 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

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 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.

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

**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, 11e 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.

Issued on this 4 th day of May, 2021 (A1)

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

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

Amended by LISA BOS (683) - (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

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

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

Hamilton Service Area Office