



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

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

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

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

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

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

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 26, 2018	2017_524500_0009	024661-17, 026664-17	Complaint

Licensee/Titulaire de permis

West Park Healthcare Centre
82 Buttonwood Avenue TORONTO ON M6M 2J5

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

West Park Long Term Care Centre
82 Buttonwood Avenue TORONTO ON M6M 2J5

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

NITAL SHETH (500), SLAVICA VUCKO (210)

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): January 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 22, 23, 25, 29, 30, 31, 2018.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Medical Director (MD), Director of Care (DOC), Assistants Director of Care (ADOCs), Registered Dietitian (RD), Physiotherapist (PT), Resident Assessment Instrument (RAI) Coordinator, Nursing Clerk, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Family Members.

The following Inspection Protocols were used during this inspection:



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**Contenance Care and Bowel Management
Hospitalization and Change in Condition
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Skin and Wound Care**

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

3 WN(s)

2 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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 where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any system, the system was complied with.

a). O.Reg 79/10, s. 68 (2) Every licensee of a long-term care home shall ensure that the programs include, (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

A review of the home's policy #RC-18-01-09, entitled, on an identified intervention, updated February 2017, indicated the identified intervention documentation sheet may be used to document for the identified intervention if the documentation is not recorded on the Electronic Medication Administration Record (eMAR)/ Medication Administration Record (MAR).

Ministry of Health and Long-term Care (MOHLTC) received a complaint intakes in two identified months in 2017, concerned that resident #008 received inappropriate care for identified interventions required for resident #008.

Interview with the complainant revealed that resident #008 required the identified intervention the home did not manage it well.

A review of resident #008's written plan of care revealed that the resident was on the identified intervention.

A review of the resident's chart and flow sheet binder revealed that the documentation for the identified intervention was not available.

A review of the resident's MAR record revealed that the documentation for the identified intervention was not made.

Interview with PSW #119, #132, #133, #134, #135, #137, and #140 revealed that on the resident's specified documentation sheet, they document only the name of the identified intervention.

Interview with RN #118, #138, RPN #130, and #139 revealed that they only sign the



MAR for the identified intervention for start time and end time, however they do not have a specified documentation sheet to document the identified intervention.

Interview with Registered Dietitian (RD) revealed that the above mentioned identified intervention should have been documented as per the home's policy and staff are required to comply with the home's policy.

b). O.Reg 79/10, s. 48 (1) every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

A review of the home's policy #RC-14-01-01, entitled the identified program, updated February 2017, revealed registered staff are to ensure that all residents who are incontinent have an interdisciplinary plan of care that is reflective of their identified protocols. Direct care staff to report to the nurse any changes in a resident's continence. The policy indicated staff to implement appropriate interventions based on the resident's assessment and status as directed by the home's identified protocol.

A review of the home's identified protocol to be used for residents revealed that Physician is to choose the steps of the protocol based on resident's individualized needs and place a check mark; to reassess the resident and discontinue other PRN (as needed) medications if necessary; registered staff to follow the identified protocol and process it in the EMAR. As per this protocol, staff to initiate medication interventions on third day of a change in the resident's continence status.

Interview with the complainant and a review of the complaint received by the MOHLTC intake in 2017, identified concerns that according to the complainant, the home was taking advantage of the resident's cognitive impairment and had not well managed resident #008's identified medical condition.

A review of the resident's written plan of care revealed that the resident had the identified medical condition due to cognitive impairment and lack of mobility and staff to refer to the home's identified protocol and administer medication after three days with a change in the resident's continence status.

A review of the resident's clinical record revealed that there was no protocol in the chart available, or signed by physician based on the resident's individualized needs as per the



home's identified policy and program.

A review of physician's order revealed that the resident had PRN order for an identified medication to manage a specified medical condition.

A review of the resident's flow sheets record for an identified period revealed that the resident was identified with a specified medical condition for four to five consecutive days on six different occasions in the six months of time period.

During the above mentioned time period, the resident received a medication intervention to manage the specified medical condition for two occasions and did not receive any medication intervention for four other occasions when the resident was identified with a specified medical condition.

A review of the resident's progress notes and medication administration record revealed that the resident did not receive PRN medication as per the order to manage the specified medical condition during the above mentioned four occasions.

Interview with PSW #119, #132, #133, #134, #135, #137, and #140 revealed that if they find resident having change in the continence status for three days, they need to report to the nurse and the nurse will treat the resident.

Interview with RN #118, #138, RPN #130, and #139 revealed that as per the home's protocol, the resident required intervention to be initiated on the third day of identified with the specified medical condition.

Interview with Medical Director (MD) revealed that the resident should have been started with medical intervention on day three, as per the home's policy and protocol.

Interview with the home's Assistant Director of Care (ADOC) #113, who is the lead of the Continence Care Program revealed that the staff should have initiated the identified protocol and the resident should have received a medication intervention on the third day of having the specified medical condition. They also confirmed that there was no individualized protocol signed by the physician available for the resident. [s. 8. (1) (b)]



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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

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 the following are documented: the provision of the care set out in the plan of care.**

MOHLTC received a complaint intakes in two identified months in 2017 with concerns that resident #008 was received inappropriate care for the identified interventions required for resident #008.

A review of resident #008's written plan of care revealed that the resident required total assistance from two staff members for a specified types of the care.

A review of the flow sheet documentation revealed that the documentation for staff providing the specified types of the care was not available.

Interview with PSW #119, #132, #133, #134, #135, #137, #140, RN #118, #138, RPN #130, and #139 revealed that the resident was provided with the specified care but they



are not documenting it as that flow sheet had been discontinued by the home. All staff members indicated that based on current practice in the home, staff had to follow the reminding device left in the resident's room to provide the specified care to resident not to document it in flow sheets.

Interview with the DOC revealed that the staff do not document the specified care provided to the resident on the flow sheets. [s. 6. (9) 1.]

2. The licensee has failed to ensure that the resident #008 is reassessed and the plan of care reviewed and revised, when care set out in the plan has not been effective, and different approaches are considered in the revision of the plan of care.

A review of the physician's order revealed that the resident's regular medication to manage the specified medical condition was discontinued.

A review of progress notes did not reveal the resident was monitored for the specified medical condition and a need of the discontinued medication to be restarted as the resident was receiving this medication from over two years.

A review of Minimum Data Sheet (MDS) assessment, did not reveal the correct information of the resident's specified medical condition.

A review of quarterly summary documented by Registered Dietitian (RD) revealed that the resident was no longer on the identified medication, and it was communicated with staff to monitor the resident for the identified medical condition.

A review of non-triggered rap revealed that the resident had episodes of the specified medical condition and required daily monitoring.

The RD's assessment and non-triggered rap did not reflect the resident's actual health status indicated in the flow sheets as the resident was having four occasions of the specified medical condition for four-five days, the following period after the identified medication was discontinued.

A review of MAR, and progress notes for the specified period the resident identified with the specified medical condition, did not reveal that the resident was given any PRN (as needed) order of the medication, nor was the home's identified protocol initiated for the resident.

Interview with PSW #119, #132, #133, #134, #135, #137, and #140 revealed that if the resident had been identified with having with the specified medical condition for three days, they report to the nurse and the nurse will treat the resident.

Interview with RN #118, #138, RPN #130, and #139 revealed that as per the home's protocol, an intervention should have been initiated for the resident on the third day of having the specified medical condition.

Interview with RAI Coordinator and DOC revealed that the resident should have been monitored by staff for the specified medical condition and reassessed for the effectiveness of plan of care and revise it based on the outcome of the assessment. [s. 6. (11) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that:

- the provision of the care set out in the plan of care is documented***
- the resident is reassessed and the plan of care reviewed and revised, when care set out in the plan has not been effective, and different approaches are considered in the revision of the plan of care, to be implemented voluntarily.***

WN #3: 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 :

1. The licensee has failed to ensure that the home equipment are maintained in a safe condition and in a good state of repair.

MOHLTC received a complaint intake in two identified months in 2017, concerned that resident #008 was receiving inappropriate care for an identified interventions required for resident #008.

Interview with the complainant revealed that resident #008 required the identified intervention and the home did not manage it well.

A review of resident #008's written plan of care revealed that the resident was receiving the identified intervention.

A review of the progress note documented on the specified day, revealed that at around the supper time, the resident's equipment for the identified intervention was not functioning properly as reported by the PSW to the charge nurse. The nurse had attempted different ways to operate the equipment, but all attempts were unsuccessful and left for the night shift nurse to follow up. A note documented on the following day made by the night nurse revealed that the nurse was not able to operate the equipment and start the identified intervention for the resident at the right time of the day. After five hours on that day, the day shift nurse was able to start the intervention once new equipment was available for the resident.

Interview with RPN #130, ADOC #112, and RD revealed that the resident's specified equipment should be in the working order all the time. The backup equipment should have been available to staff when one is in need of repair. [s. 15. (2) (c)]

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 equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



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

Issued on this 28th day of February, 2018

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

Original report signed by the inspector.



**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*

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : NITAL SHETH (500), SLAVICA VUCKO (210)

Inspection No. /

No de l'inspection : 2017_524500_0009

Log No. /

No de registre : 024661-17, 026664-17

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Feb 26, 2018

Licensee /

Titulaire de permis : West Park Healthcare Centre
82 Buttonwood Avenue, TORONTO, ON, M6M-2J5

LTC Home /

Foyer de SLD : West Park Long Term Care Centre
82 Buttonwood Avenue, TORONTO, ON, M6M-2J5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jason Scull

To West Park Healthcare Centre, 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

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

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 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).

The licensee shall ensure the following:

1. Develop and implement monitoring system to ensure staff are in compliance with the following policies and programs:
 - identified policy as a part of the home's Nutrition Care and Hydration Program
 - identified protocol as a part of the home's Continence Care and Bowel Management Program.
2. Educate all direct care staff on the specified policies and programs who are involved in the operation and management of the identified intervention and in the management of the specified medical condition for residents.
3. Keep the record for implementation of requirements #1 and #2 listed in this order.

Grounds / Motifs :

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any system, the system was complied with.

a). O.Reg 79/10, s. 68 (2) Every licensee of a long-term care home shall ensure that the programs include, (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and



hydration.

A review of the home's policy #RC-18-01-09, entitled, on an identified intervention, updated February 2017, indicated the identified intervention documentation sheet may be used to document for the identified intervention if the documentation is not recorded on the Electronic Medication Administration Record (eMAR)/ Medication Administration Record (MAR).

Ministry of Health and Long-term Care (MOHLTC) received a complaint intake #024661-17, and #026664-17 in two identified months in 2017, concerned that resident #008 received inappropriate care for identified interventions required for resident #008.

Interview with the complainant revealed that resident #008 required the identified intervention and the home did not manage it well.

A review of resident #008's written plan of care revealed that the resident was on the identified intervention.

A review of the resident's chart and flow sheet binder revealed that the documentation for the identified intervention was not available.

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Interview with Registered Dietitian (RD) revealed that the above mentioned identified intervention should have been documented as per the home's policy and staff are required to comply with the home's policy.

b). O.Reg 79/10, s. 48 (1) every licensee of a long-term care home shall ensure

that the following interdisciplinary programs are developed and implemented in the home: 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

A review of the home's policy #RC-14-01-01, entitled the identified program, updated February 2017, revealed registered staff are to ensure that all residents who are incontinent have an interdisciplinary plan of care that is reflective of their identified protocols. Direct care staff to report to the nurse any changes in a resident's continence. The policy indicated staff to implement appropriate interventions based on the resident's assessment and status as directed by the home's identified protocol.

A review of the home's identified protocol to be used for residents revealed that Physician is to choose the steps of the protocol based on resident's individualized needs and place a check mark; to reassess the resident and discontinue other PRN (as needed) medications if necessary; registered staff to follow the identified protocol and process it in the EMAR. As per this protocol, staff to initiate medication interventions on third day of a change in the resident's continence status.

Interview with the complainant and a review of the complaint received by the MOHLTC intake #024661-17 in 2017, identified concerns that according to the complainant, the home was taking advantage of the resident's cognitive impairment and had not well managed resident #008's identified medical condition.

A review of the resident's written plan of care revealed that the resident had the identified medical condition due to cognitive impairment and lack of mobility and staff to refer to the home's identified protocol and administer medication after three days with a change in the resident's continence status.

A review of the resident's clinical record revealed that there was no protocol in the chart available, or signed by physician based on the resident's individualized needs as per the home's identified policy and program.

A review of physician's order revealed that the resident had PRN order for an identified medication to manage a specified medical condition.

A review of the resident's flow sheets record for an identified period revealed

that the resident was identified with a specified medical condition for four to five consecutive days on six different occasions in the six months of time period.

During the above mentioned time period, the resident received a medication intervention to manage the specified medical condition for two occasion and did not receive any medication intervention for four other occasions when the resident was identified with a specified medical condition.

A review of the resident's progress notes and medication administration record revealed that the resident did not receive PRN medication as per the order to manage the specified medical condition in the above mentioned four occasions.

Interview with PSW #119, #132, #133, #134, #135, #137, and #140 revealed that if they find resident having change in the continence status for three days, they need to report to the nurse and the nurse will treat the resident.

Interview with RN #118, #138, RPN #130, and #139 revealed that as per the home's protocol, the resident required intervention to be initiated on the third day of identified with the specified medical condition.

Interview with Medical Director (MD) revealed that the resident should have been started with medical intervention on day three, as per the home's policy and protocol.

Interview with the home's Assistant Director of Care (ADOC) #113, who is the lead of the Continence Care Program revealed that the staff should have initiated the identified protocol and the resident should have received a medication intervention on the third day of having the specified medical condition. They also confirmed that there was no individualized protocol signed by the physician available for the resident.

The severity of this issue was determined to be a level 2 as there was minimal harm/risk or potential for actual harm/risk to resident living in the home area. The scope was a level 1 as it was an isolated incident. The home had a level 4 compliance history as they had on-going non-compliance with this section of the LTCHA that included:

- Voluntary Plan of Correction issued July 6, 2017 (#2017_681654_0009);
- Voluntary Plan of Correction issued May 29, 2017 (#2017_654605_0011);
- Written Notification issued March 24, 2017 (#2017_645558_0001);



**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*

- Written Notification issued April 13, 2016 (#2016_191107_0007);
- Written Notification issued October 9, 2015 (#2015_378116_0020);
- Written Notification issued April 27, 2015 (# 2015_382596_0005).
(500)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 01, 2018



**Ministry of Health and
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Order(s) of the Inspector

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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 Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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

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

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

Health Services Appeal and Review Board and the Director

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

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

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



**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*

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

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



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

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

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

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

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

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

Issued on this 26th day of February, 2018

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



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

Name of Inspector /

Nom de l'inspecteur :

Nital Sheth

Service Area Office /

Bureau régional de services : Toronto Service Area Office