



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

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

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

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

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

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

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5700 Yonge Street 5th Floor  
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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 28, 2018	2018_524500_0001	026616-17, 001265-18, 001545-18	Complaint

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**Licensee/Titulaire de permis**

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

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

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

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

NITAL SHETH (500), SLAVICA VUCKO (210)

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

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

**This inspection was conducted on the following date(s): January 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), Agency Registered Staff, Agency PSWs, Owners of the staffing agencies, Nursing Consultant, and Residents.**

**During the course of the inspection, the inspector(s) observed resident home areas, medication administration, staff to resident interactions, reviewed staff schedule, clinical health records, and relevant home policies and procedures.**

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

**Dignity, Choice and Privacy  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Sufficient Staffing**

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

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



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff at the home have received training as required by this section.

A complaint was submitted to Ministry of Health and Long-term Care (MOHLTC) in 2017. The complainant alleged that the licensee used excessive agency staff and that the agency staff and other new staff were not trained and were working on every shift in the



home.

According to s.74 (2) “agency staff” means staff who work at the long-term care home pursuant to a contract between the licensee and an employment agency or other third party. 2007, c. 8, s. 74 (2).

A review of the home’s staffing schedule for the period from June 1, 2017 to September 30, 2017, revealed that the home arranged staff for approximately 2000 hours from three staffing agencies.

A review of the home’s staffing plan evaluation for 2017 revealed the home arranged staff from staffing agencies for approximately 10,000 hours in 2017 which represents approximately 5% of the total nursing and Personal Support Workers (PSWs) services hours in 2017.

An interview with Director of Care (DOC) who started the position in September 2017, and the Executive Director (ED) who started in July 2017, and a review of the employment list revealed that during a period from September 2017 until the end of December 2017, the home hired 32 staff (five RNs, 13 RPNs, 13 PSWs and one nursing clerk), who were provided with orientation in the period from September until December 2017. Since the home hired these staff in 2017, the use of staffing agencies reduced by almost 50% in the second half of 2017, and the home was planning to hire 15 more staff members. The DOC further indicated that the employment plan is to hire more staff but until this is finalized, the home still has to utilize staff from the agencies.

Interview with agency RPN #145 who worked in the home in September 2017 revealed that they received orientation from the home for only one shift and did not receive any training or education in the mandatory areas of education such as the Residents’ Bill of Rights, the long-term care home’s mission statement, the long-term care home’s policy to promote zero tolerance of abuse and neglect of residents, the duty under section 24 to make mandatory reports, the protections afforded by section 26, the long-term care home’s policy to minimize the restraining of residents, fire prevention and safety, emergency and evacuation procedures, infection prevention and control, all Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person’s responsibilities, any other areas provided for in the regulations. [s. 76.]

2. MOHLTC received a complaint intake in 2018, indicating resident #012 was abused by



PSW #143 during care. PSW #143 was physically aggressive in the care and made an inappropriate comment to the resident. The incident was witnessed by the agency PSW #144.

A review of the Critical Incident System (CIS) report for an incident revealed that resident #012 reported to the home that PSW #143 allegedly being inappropriate and rough during care and made an inappropriate comment to the resident. The incident happened in the presence of agency PSW #144.

Interview with Agency PSW #144 revealed that they did not receive any education by the home. Agency PSW #144 was not able to explain their duty under section 24 for mandatory reporting of abuse and neglect.

A review of the home's policy #RC-02-01-01, entitled "Zero Tolerance of Resident Abuse and Neglect Program", updated April 2017, indicated the home to orient and to provide annual refresher training all agency staff to all the policies supporting the zero tolerance for abuse and neglect program.

A review of the home's education record revealed that the 100% of home's employee received training in the above mentioned areas in 2017, however the home was not able to provide any record for the agency staff to be trained by the home in the above mentioned area. According to the DOC, the home provides mandatory education and orientation to the regular staff employed directly by the home. The DOC and Administrator were unable to explain to the inspector why the mandatory training was not provided by the home to the agency staff working from the three staffing agencies that were arranged to work in the home in 2017 for approximately 10,000 hours.

According to the DOC, the home provides mandatory education and orientation to the regular staff employed directly by the home. The DOC and ED were unable to explain to the inspector why the mandatory orientation and training had not been provided to the agency staff working from the two different staffing agencies who were arranged to work in the home in 2017 for approximately 9,900 hours. [s. 76.]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights****Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the following rights of residents are fully respected and promoted: every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

MOHLTC received a complaint in 2018, indicating resident #012 was abused by PSW #143 during care. PSW #143 was aggressive during care and made an inappropriate comment to the resident. The incident was witnessed by the agency PSW #144.

A review of the CIS report for an incident revealed that resident #012 reported to the home that PSW #143 allegedly being inappropriate and rough during care and made an inappropriate comment to the resident. The incident happened in the presence of agency PSW #144.

Interview with resident #012 revealed that PSW #143 is a good worker, however PSW #143 was rough when they were called to help with providing care because there was an agency PSW on duty. PSW #143 completed the care. When the agency PSW #144 started providing another types of care to the resident, the resident requested PSW#143 repeat the previous types of care because the first time it was not provided in an appropriate way according to the resident. PSW #143 agreed to repeat the care. The resident indicated that during the second time the resident sensed that the PSW was abusive and it caused the resident an extreme pain. PSW #143 made an inappropriate comment while providing care to the resident.

A review of the home's investigation notes revealed that PSW #143 denied being rough



to the resident and making an inappropriate comment to the resident. The agency PSW #144 informed the home that PSW #143 made an inappropriate comment to the resident.

A review of the physician assessment notes revealed that the resident reported the above mentioned to MD. MD performed an examination on resident #012 with the assistance of two registered staff as the assessment was difficult to complete considering the resident's health condition. The resident was identified with some specified medical condition in the affected area. MD discussed with the resident a treatment for this specified medical condition, however the resident decided to delay the treatment.

During an interview, PSW #143 denied being rough to the resident and making an inappropriate comment to the resident.

Interview with Agency PSW #144 revealed that PSW #143 made an inappropriate comment to the resident.

Interview with Assistant Director of care (ADOC) #112 and DOC revealed that staff should have maintained the resident's dignity and respect and should not have made an inappropriate comment to the [s. 3. (1) 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 following rights of residents are fully respected and promoted: every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity, to be implemented voluntarily.***

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**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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**

**(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).**

**(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

**Findings/Faits saillants :**

1. The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

MOHLTC received a complaint in 2018, indicating resident #012 was abused by PSW #143 during care. PSW #143 was aggressive during care and made an inappropriate comment to the resident. The incident was witnessed by the agency PSW #144.

A review of the CIS report for an incident revealed that resident #012 reported to the home that PSW #143 allegedly being inappropriate and rough during care and made an inappropriate comment to the resident. The incident happened in the presence of agency PSW #144.

Interview with resident #012 revealed that PSW #143 is a good worker, however PSW #143 was rough when they were called to help with providing care on an identified day, because there was an agency PSW on duty. PSW #143 completed the personal care and identified treatment. When the agency PSW #144 started putting on the socks the resident requested PSW#143 to apply more identified treatment. PSW #143 agreed to apply the identified treatment for the second time. The resident indicated that during the second application, the resident sensed that the PSW may have rough and caused pain.

A review of the physician assessment notes revealed that the resident reported the above mentioned to MD. MD performed an examination on resident #012 with the assistance of two registered staff as the assessment was difficult to complete considering the resident's health condition. The resident was identified with some specified medical condition in the affected area. MD discussed with the resident a treatment for this





specified medical condition, however the resident decided to delay the treatment.

A review of resident #012's written plan of care revealed that staff are directed to provide a specific treatment to the resident's identified body areas in an identified manner.

Interview with PSW #143, agency PSW #144, and PSW #142 revealed that resident #012 always asks staff to apply a specific treatment to the identified body areas.

Interview with PSW #142 revealed that the resident always asks staff to apply a specific treatment to the identified body areas in an identified manner, however they were not doing it because of not feeling comfortable, and never reported it to the nurse.

Interview with RPN #147, and #146 revealed that they were not aware that resident #012 had been asking PSWs to staff to apply a specific treatment to the identified body areas in an identified manner. RPN #147 also stated that if the resident is asking the PSWs, they should have reported it to the registered nursing staff and resident should have been assessed. RPN #147 told the inspector that the PSWs are not allowed to apply anything in the identified manner to the resident's body areas.

Interview with ADOC #112 and DOC revealed that PSWs should have communicated to the registered nursing staff that the resident had been asking staff to apply a specific treatment to the identified body areas. The DOC told the inspector that the PSWs are not allowed to apply anything in the identified manner to the resident's body areas. The resident should have been assessed for an application of the treatment. [s. 6. (4) (a)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 98. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 79/10, s. 98.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

A review of the CIS report for an incident revealed that resident #012 reported to the home that PSW #143 allegedly being inappropriate and rough during care and made an inappropriate comment to the resident. The incident happened in the presence of agency PSW #144.

Interview with resident #012 revealed that the home asked the resident not to call police when the resident expressed that they intended to call police. During another interview the resident indicated that on an identified day, the resident called the police thinking that the home will not call the police due to accreditation and the home failed to report a crime. According to the resident, the resident felt that they were assaulted by staff and it is considered a crime.

A review of the homes' policy #RC-02-01-02, entitled. "Zero Tolerance of Resident Abuse and Neglect: Response and Reporting", updated April 2017, indicated the home to notify police authorities, as per jurisdictional and legislative requirements, as applicable.

A review of the home's policy #RC-02-01-03, entitled "Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences, updated April 2017, indicated the police will be notified if there are grounds to believe a criminal code offence has been committed.

Interview with ADOC #112 and DOC confirmed that the police was not called because the resident was identified to be unharmed upon assessment and the resident permitted the home to investigate the incident internally. ADOC #112 and the DOC confirmed that the police should have been called due to alleged abuse reported by the resident. [s. 98.]

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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**

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**Name of Inspector (ID #) /**

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

**Inspection No. /**

**No de l'inspection :** 2018\_524500\_0001

**Log No. /**

**No de registre :** 026616-17, 001265-18, 001545-18

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Feb 28, 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

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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**

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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*

**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. 76. Training

**Order / Ordre :**

The licensee must be compliant with s. 76.

The licensee shall ensure the following:

1. Cease to allow any agency staff member to provide care to the residents until they have been properly trained in the requirements set out in this legislation. A written record must be kept of all training.
2. Develop, implement and document a plan for monitoring compliance with the components of this legislative requirement.

**Grounds / Motifs :**

1. The licensee has failed to ensure that all staff at the home have received training as required by this section.

MOHLTC received a complaint intake in 2018, indicating resident #012 was abused by PSW #143 during care. PSW #143 was physically aggressive in the care and made an inappropriate comment to the resident. The incident was witnessed by the agency PSW #144.

A review of the Critical Incident System (CIS) report for an incident revealed that resident #012 reported to the home that PSW #143 allegedly being inappropriate and rough during care and made an inappropriate comment to the resident. The incident happened in the presence of agency PSW #144.

Interview with Agency PSW #144 revealed that they did not receive any education by the home. Agency PSW #144 was not able to explain their duty under section 24 for mandatory reporting of abuse and neglect.

A review of the home's policy #RC-02-01-01, entitled "Zero Tolerance of

Resident Abuse and Neglect Program”, updated April 2017, indicated the home to orient and to provide annual refresher training all agency staff to all the policies supporting the zero tolerance for abuse and neglect program.

A review of the home’s education record revealed that the 100% of home’s employee received training in the above mentioned areas in 2017, however the home was not able to provide any record for the agency staff to be trained by the home in the above mentioned area. According to the DOC, the home provides mandatory education and orientation to the regular staff employed directly by the home. The DOC and Administrator were unable to explain to the inspector why the mandatory training was not provided by the home to the agency staff working from the three staffing agencies that were arranged to work in the home in 2017 for approximately 10,000 hours. (500)

2. A complaint was submitted to Ministry of Health and Long-term Care (MOHLTC) in 2017. The complainant alleged that the license used excessive agency staff and that the agency staff and other new staff were not trained and were working on every shift in the home.

According to s.74 (2) “agency staff” means staff who work at the long-term care home pursuant to a contract between the licensee and an employment agency or other third party. 2007, c. 8, s. 74 (2).

A review of the home’s staffing schedule for the period from June 1, 2017 to September 30, 2017, revealed that the home arranged staff for approximately 2000 hours from three staffing agencies.

A review of the home’s staffing plan evaluation for 2017 revealed the home arranged staff from staffing agencies for approximately 10,000 hours in 2017 which represents approximately 5% of the total nursing and Personal Support Workers (PSWs) services hours in 2017.

An interview with Director of Care (DOC) who started the position in September 2017, and the Executive Director (ED) who started in July 2017, and a review of the employment list revealed that during a period from September 2017 until the end of December 2017, the home hired 32 staff (five RNs, 13 RPNs, 13 PSWs and one nursing clerk), who were provided with orientation in the period from September until December 2017. Since the home hired these staff in 2017, the use of staffing agencies reduced by almost 50% in the second half of 2017, and





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the home was planning to hire 15 more staff members. The DOC further indicated that the employment plan is to hire more staff but until this is finalized, the home still has to utilize staff from the agencies.

Interview with agency RPN #145 who worked in the home in September 2017 revealed that they received orientation from the home for only one shift and did not receive any training or education in the mandatory areas of education such as the Residents' Bill of Rights, the long-term care home's mission statement, the long-term care home's policy to promote zero tolerance of abuse and neglect of residents, the duty under section 24 to make mandatory reports, the protections afforded by section 26, the long-term care home's policy to minimize the restraining of residents, fire prevention and safety, emergency and evacuation procedures, infection prevention and control, all Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities, any other areas provided for in the regulations.

According to the DOC, the home provides mandatory education and orientation to the regular staff employed directly by the home. The DOC and ED were unable to explain to the inspector why the mandatory orientation and training had not been provided to the agency staff working from the two different staffing agencies who were arranged to work in the home in 2017 for approximately 9,900 hours.

The severity of this issue was determined to be minimal harm or potential for actual harm to the residents. The scope of this issue was a pattern because 5% of the staffing consisted of agency and none of the agency staff were trained. The home's compliance history includes previous unrelated areas of non-compliance. A Compliance Order (CO) is warranted. (210)

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

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



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### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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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



**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**

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

**Issued on this 28th day of February, 2018**

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





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

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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

**Name of Inspector /**

Nital Sheth

**Nom de l'inspecteur :**

**Service Area Office /**

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