Ontario

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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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 26, 2018	2018_493652_0002	000908-18	Resident Quality Inspection

Licensee/Titulaire de permis

Rykka Care Centres LP
3200 Dufferin Street Suite 407 TORONTO ON M6A 3B2

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

Hawthorne Place Care Centre
2045 Finch Avenue West NORTH YORK ON M3N 1M9

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

NATALIE MOLIN (652), JULIEANN HING (649), MATTHEW CHIU (565), STELLA NG (507)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): January 11, 12, 15, 16, 17, 18, 19, 22, 23, 25, 2018

Complaint log #886-18 related to breach of confidentiality was inspected concurrently with this RQI

The following follow up inspection was conducted concurrently with the RQI:Log #022971-17 (related to administration of medications); #022973-17(related to falls prevention and skin and wound policy, skin and wound assessment, minimize the risk of altercations and potentially harmful interactions between residents); #027586-17 (related to duty to protect); #027587-17 (related to transferring and positioning techniques); #027588-17 (related to plan of care, duty to comply with the plan).

During the course of the inspection, the inspector(s) spoke with Director of Nursing, Administrator, Maintenance & Acting Environment Service Manager, Environment Service Manager, Food Service Manager, Registered Dietitian, Physiotherapist, Program Aide/special duties, Program manager/Consultant, Janitor, Responsive Behaviour Support lead, Skin and Wound Care lead, registered staff, personal support workers, personal care aides, Residents' Council president and Family Council representative,residents, substitute decision makers (SDMs).

During the course of the inspection, the inspector(s) conducted a tour of the home; observed staff to resident interactions and the provision of care, resident to resident interactions; reviewed complaints records,conducted records review, reviewed the home's policy for the Fall Prevention Program, Skin and Wound Program, observed infection control practices throughout the inspection process including the initial tour, and provision of personal care and services,observed the administration of medications and review of the licensee's medication incidents and adverse drug reactions processes.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

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

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #001	2017_595604_0011	507
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2017_644507_0016	507
O.Reg 79/10 s. 36.	CO #002	2017_644507_0016	507
O.Reg 79/10 s. 54.	CO #003	2017_527665_0004	507
LTCHA, 2007 S.O. 2007, c.8 s. 6. (4)	CO #003	2017_644507_0016	507
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #004	2017_644507_0016	507
O.Reg 79/10 s. 8. (1)	CO #001	2017_527665_0004	652

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). 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. 101. Conditions of licence

Specifically failed to comply with the following:

s.101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

Findings/Faits saillants :

1. The licensee has failed to comply with the following requirement of the Long Term Care Homes Act (LTCHA): it is a condition of every licence that the licensee shall comply with every order made under this Act.

On November 29, 2017, the following compliance order (CO #003) from inspection number 2017_644507_0016 was made under LTCHA s. 6(4):

The licensee was ordered to prepare and submit a plan to ensure that staff and others involved in the different aspects of resident care collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement with each other.
The plan will include, but is not limited to the following:
1. Provide education and training to all staff that includes the definition and importance of collaboration in assessment.
2. Develop and implement a quality improvement process to audit, monitor and analyze the level of compliance by staff to ensure that staff and others involved in the different aspects of resident care collaborate with each other in the assessment of the resident.
3. Include in the compliance plan a system that outlines how the licensee will monitor staff adherence to collaboration in residents' assessments.

The compliance plan was due on December 8, 2017, and the compliance due date was January 12, 2018.

Record review of the training record revealed management staff, minimum data set (MDS) team members and registered staff received training on how to deal with crucial conversation, proper team communication and collaboration on December 13, 2017.
Record review of the training record failed to reveal personal support workers and other interdisciplinary team members received training in the definition and importance of collaboration in assessment.

In an interview, DON #105 stated that training to front line staff on "definition and importance of collaboration in assessment" has not been provided as of January 15, 2018. DON #105
acknowledged the home did not comply with step one of the compliance order #003 in relation to providing education and training to all staff that includes the definition and importance of collaboration in assessment. [s. 101. (3)]

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. 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:
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act, was fully respected and promoted.

On an identified date, the Ministry of Health and Long-Term Care (MOHLTC) received a complaint in regards to a breach of confidentiality.

In an interview, the family member of resident #062 stated that their family requested a copy of resident #062's health record from the home on an identified date. Upon receiving the package sent by the home, resident #062's family member discovered the plan of care for resident #063 was among the record.

In an interview, DON #105 stated the package sent to resident #062's family was prepared by the administrator #121, and was checked by DON #105 prior to sending the package to resident #062's family via mail. DON #105 acknowledged the error of breaching the confidentiality by sending resident #063's plan of care to resident #062's family member without the consent from resident #063's family. [s. 3. (1) 11. iv.]

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 a resident's right to have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act, was fully respected and promoted, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

During the initial tour of the home on January 15, 2018, and subsequent observation on January 17, 2018, the inspector observed that on the first floor East Wing, the door leading to a filter room which located next to the designated smoking room was not equipped with a lock and the door was not locked. During the observations, the area was not being supervised by staff.

Interview with Janitor #119 revealed that the door used to be equipped with a lock and was kept locked. Approximately a week or two ago, the lock on the door was being removed and since then it was not locked.

Interview with the Acting ESM #122 indicated the door lock was removed a few days ago due to the key to the lock was missing. Since then the door was not equipped with a lock and it was not kept locked. Interviews with the Acting ESM #122 and the Administrator confirmed no resident should be entering the furnace filter room and the door should be equipped with a lock to restrict access by residents as required. [s. 9. (1) 2.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that at least once in every year, a survey was taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

A review of the home's current resident satisfaction survey revealed the use of the Abaqis stage one resident and interview questions with additional questions measuring overall satisfaction with the facility and the likelihood of recommending this facility.

Interview with the Administrator revealed the Abaqis Quality Management System is the home's current resident satisfaction survey and the Abaqis system does not measure the level of satisfaction related to services and programs specified in the legislation such as Continence Care and Pain Management. [s. 85. (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 at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident who is incontinent received an assessment that includes identification of casual factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

During stage one of the RQI, the admission and the most recent RAI-MDS assessments revealed resident #005 had an identified health status decline.

Review of the home's Continence Management Program, revised date December 2012, indicated the home uses a continence assessment tool on Point Click Care to assess residents for their continence status.

Resident #005 was admitted to the home on an identified date. A review of the RAI-MDS assessments indicated the resident's identified health status had changed on an identified date. Further review of resident #005's assessment records indicated the resident received an identified assessment initiated on an identified date and the assessment was being locked on an identified date. The assessment indicated the resident had an identified appliance being applied and had an identified diagnosis.

A review of resident #005's progress notes indicated the identified appliance was discharged on an identified date. Further review of the resident's assessment records indicated the resident did not receive an identified assessment based on the resident's identified health status after the identified appliance was discharged.

Interviews with PSW #120 and RPN #109 indicated the resident was admitted to the home with the identified appliance, and it was discharged shortly after they were admitted. RPN #109 further indicated when the resident's identified health status had changed after removing the identified appliance, the resident should receive an identified assessment but they did not.

Interview with the DON indicated a resident should receive an identified assessment upon admission and changes of their identified health status. The DOC confirmed when resident #005's identified appliance was discharged on an identified date, the resident's identified health status had changed and therefore the resident should receive an identified assessment, but they did not. [s. 51. (2) (a)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that if the Residents' Council had advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

Interview with the President of Residents' Council #011 revealed that the home had not responded to the Council in writing within 10 days of receiving advice or recommendations about the care or services.

A review of the Residents' Council meeting minutes indicated the following:
-On an identified date, concern was raised that staff are not wearing their name tags and residents' concerns are not taken seriously and are brushed off when brought up, two residents requested tub baths and had been refused, and the second elevator doors are not opening fully/ nearly closing on individuals
-On an identified date, concern raised that residents in an identified room are wondering when their window will be replaced

Further review of Resident Council meeting minutes and recommendation/ concerns form indicated written late responses of an identified date, by the home to the Council related to concerns that staff are not wearing their name tags and residents' concerns are not taken seriously and brushed off when brought up. Further review of Resident Council meeting minutes and recommendation/ concerns form revealed no written response had been provided by the home to the Council's concerns of two residents requested tub bath had been refused, the second elevator doors are not opening fully/ nearly closing on individuals, and residents in an identified room are wondering when

replaced.

Interview with the President of Resident Council #011 and review of Resident Council meeting minutes revealed that all of the above mentioned concerns had been brought up at Resident Council meetings. The President of Resident Council revealed that late written responses had been received by the Council and other concerns had not been responded to in writing by the home.

Interview with the President of Resident Council revealed that Program Aide #127 was voted in by the Council as the new Resident Council Assistant and was being trained by Consultant Program Manager #128. According to the Resident Council meeting minutes both staff were in attendance of Resident Council meetings for an identified period.

Interviews with the Program Aide and Consultant Program Manager revealed if a concern is raised at Resident Council meetings the assistant would bring the concern to the home's management and a written response will be provided to the Council President on the recommendation/ concerns form from that department manager and signed by the Administrator within 10 days.

Interview with the Administrator revealed that the home had responded late in writing to the Resident Council concerns of staff not wearing name tags and residents' concerns not taken seriously and are brushed off when brought forward. The Administrator further revealed that the home had not responded in writing to concerns raised at Resident Council meetings regarding two residents requested tub baths had been refused, the second elevator doors are not opening fully/ nearly closing on individuals, and residents in an identified room wondering when their window will be replaced. [s. 57. (2)]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the copies of the inspection reports from the past two years for the long-term care home were posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

During the initial tour of the RQI on January 15, 2018, and subsequent observations on January 18, 2018, the inspector observed that the home kept copies of the inspection reports in a binder located at the front desk on the main floor. The copies of the inspection reports #2017_518645_0011 issued on April 28, 2017, and #2017_527665_0004 issued on September 11, 2017, from the past two years, were not posted.

Interviews with the Administrator indicated the home is aware of the public copies of the inspection reports from the past two years should be posted in the home, and confirmed the above mentioned copy were not posted as required. [s. 79. (1)]

Issued on this 26th day of February, 2018

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

Original report signed by the inspector.

Ontario

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

Ministére 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

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) :	NATALIE MOLIN (652), JULIEANN HING (649), MATTHEW CHIU (565), STELLA NG (507)
Inspection No. / No de l'inspection :	2018_493652_0002
Log No. / No de registre :	000908-18
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Feb 26, 2018
Licensee / Titulaire de permis :	Rykka Care Centres LP 3200 Dufferin Street, Suite 407, TORONTO, ON, M6A-3B2
LTC Home / Foyer de SLD :	Hawthorne Place Care Centre 2045 Finch Avenue West, NORTH YORK, ON, M3N-1M9
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Linda Joseph-Massiah

To Rykka Care Centres LP, you are hereby required to comply with the following order (s) by the date(s) set out below:

Ontario

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

Ministére de la Santé et des Soins de longue durée

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

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s.101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12).

Order / Ordre :

Upon receipt of this report:

The licensee must be compliant with s.101. (3) of the LTCHA.

Specifically the licensee must:

a) Provide education and training to all staff on the definition and importance of collaboration in assessment.

b) Keep a documented record of who received the training, the format of the training and the dates the training occurred.

Grounds / Motifs :

1. The licensee has failed to comply with the following requirement of the Long Term Care Homes Act (LTCHA): it is a condition of every licence that the licensee shall comply with every order made under this Act.

On November 29, 2017, the following compliance order (CO #003) from inspection number 2017_644507_0016 was made under LTCHA s. 6(4):

The licensee was ordered to prepare and submit a plan to ensure that staff and others involved in the different aspects of resident care collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement with each other.
The plan will include, but is not limited to the following:

1. Provide education and training to all staff that includes the definition and importance of collaboration in assessment.
2. Develop and implement a quality improvement process to audit, monitor and analyze the level of compliance by staff to ensure that staff and others involved in the different aspects of resident care collaborate with each other in the assessment of the resident.
3. Include in the compliance plan a system that outlines how the licensee will monitor staff adherence to collaboration in residents' assessments.

The compliance plan was due on December 8, 2017, and the compliance due date was January 12, 2018.

Record review of the training record revealed management staff, minimum data set (MDS) team members and registered staff received training on how to deal with crucial conversation, proper team communication and collaboration on December 13, 2017. Record review of the training record failed to reveal personal support workers and other interdisciplinary team members received training in the definition and importance of collaboration in assessment.

In an interview, DON #105 stated that training to front line staff on "definition and importance of
collaboration in assessment" has not been provided as of January 15, 2018. DON #105
acknowledged the home did not comply with step one of the compliance order #003 in relation to providing education and training to all staff that includes the definition and importance of collaboration in assessment.

The severity of this noncompliance is minimum risk. The scope is widespread as 90.7 per cent of direct care staff did not receive the training. A review of the home's compliance history revealed voluntary plans of correction had been issued under inspection reports 2017_595604_0011 on April 26, 2017 and 2016_382596_0004 on February 17, 2016. The compliance date for inspection report 2017_644507_0016 was January 12, 2018. As a result of ongoing noncompliance, a compliance order is warranted.
(652)

Ontario

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

Ministére 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

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Mar 22, 2018

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

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.

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

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 :

Ontario

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

Ministére 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

Name of Inspector /
Nom de l'inspecteur : Natalie Molin

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