

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: April 3, 2023	
Original Report Issue Date: March 16, 2023	
Inspection Number: 2023-1621-0004 (A1)	
Inspection Type: Complaint Critical Incident System	
Licensee: The Corporation of the Municipality of Chatham-Kent	
Long Term Care Home and City: Riverview Gardens, Chatham	
Amended By Ali Nasser (523)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended with new report issue date of March 16, 2023. The inspection #2023-1621-0004 was completed on February 22, 2023.

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Inspection Type: Complaint Critical Incident System	
Licensee: The Corporation of the Municipality of Chatham-Kent	
Long Term Care Home and City: Riverview Gardens, Chatham	
Lead Inspector Ali Nasser (523)	Additional Inspector(s) Andrea Dickinson (740895) Kristen Murray (731) Melanie Northey (563)
Amended By Ali Nasser (523)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended with new report issue date of March 16, 2023. The inspection #2023-1621-0004 was completed on February 22, 2023.

INSPECTION SUMMARY

The inspection occurred on the following date(s):
February 2, 3, 6, 7, 8, 9, 13, 14, 15, 16, 21 and 22, 2023.

The following intake(s) were inspected:
Intake #00001382/Complaint IL-04789-LO related to resident care concerns.
Intake #00001972/Complaint IL-03062-LO related to an allegation of neglect and staffing concerns.
Intake #00005739/Complaint related to staffing and Infection Prevention and Control (IPAC).
Intake #00014432/Complaint IL-07649-LO related to staffing concerns.
Intake #00019074/Complaint IL-09550-LO related to fall prevention.
intake #00020291/Complaint IL-10027-LO related to the prevention of abuse.

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Intake #00002845/Critical Incident System (CIS) #M626-000049-22 related to fall prevention.
Intake #00003966/CIS #M626-000043-22 related to responsive behaviours.
Intake #00005654/CIS #M626-000050-22 related to resident's injury.
Intake #00016120/CIS #M626-000076-22 related to the prevention of abuse.
Intake #00016855/CIS #M626-000079-22 related to resident's fall.
Intake #00018938/CIS #M626-000004-23 related to a medication incident.

The following intakes were completed in this inspection: intake #00006017, CIS #M626-000045-22, intake #00016012, CIS #M626-000075-22, and intake #00018404, CIS #M626-000003-23 were related to falls.

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

- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident records

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (b)

The licensee failed to ensure that the resident's written record was kept up to date at all times.

Rationale and Summary

The home's policy titled "Medical Care – Fall Prevention and Injury Reduction, Issued Apr./06, Revised Nov 2022" stated that the physiotherapist would "assess residents using one or more evidence-based assessment tools: On admission with a signed consent"

A review of a specific resident's clinical record showed there were no specific assessments completed and no charting had been completed by the Physiotherapist.

During an interview, The Physiotherapist (PT) stated that residents would be assessed on admission and that those assessments would be documented and if a resident refused an assessment on admission, re-attempts would be made to assess the resident and if the resident continued to refuse, a note would be documented in the progress notes. The PT stated they had made attempts to assess the specific resident, however the resident refused to participate. The PT confirmed that progress notes had not

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been completed for the attempts that were made to assess the resident, but that the expectation would be for those to be documented.

Sources: Interviews with PT; resident's clinical record; the home's policy titled "Medical Care – Fall Prevention and Injury Reduction, Issued Apr./06, Revised Nov 2022" [740895]

WRITTEN NOTIFICATION: Dealing with Complaints

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (e)

The licensee failed to ensure that a documented record of verbal complaints involving a specific resident was kept in the home, that included, every date on which any response was provided to the complainant and a description of the response.

Rationale and Summary

On a specific date, the Director received a complaint through the Ministry of Long-Term Care's (MLTC) ACTIONLine from a resident's family member with specific care concerns.

Review of the Administrator's notes showed that on two different occasions the Administrator met with a resident's family member. Administrator's notes stated they acknowledged the family members concerns. No further follow-up with the family was documented in the Administrator's notes and there was no other documentation in the home regarding the family's concerns.

The home's policy titled "Resident Protection (RES) – Complaint Procedure, Issued: Apr./06, Revised date(s): April 2022; Dec 2022" stated "Any complaint (verbal, written, telephone, email, or text) received at Riverview Gardens which comes from residents, families, visitors, and team members concerning the care of a resident or the operation of the home shall be investigated; and actions shall be taken for resolution."

The Administrator stated when the resident's family came in and voiced their concerns, there were some things that could not be answered in the moment and would be part of the investigation that the NM would be doing.

The Nurse Manager's investigation notes did not include a response to the resident's family. The Administrator confirmed follow up with the family in regard to those concerns should have been done, by themselves, after the home's investigation was complete.

Record reviews and interviews with the home's management showed no documented record was kept

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in the home, detailing every date on which any response was provided to the complainant and a description of the response.

Sources: CIS reporting system; Administrator's notes; the home's policy "Resident Protection (RES) – Complaint Procedure, Issued: Apr./06, Revised date(s): April 2022; Dec 2022"; interviews with Administrator and NM.
[740895]

WRITTEN NOTIFICATION: Dealing with Complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2) (d)

The licensee failed to ensure that a documented record of verbal complaints involving a specific resident was kept in the home, that included, the final resolution.

Rationale and Summary

On a specific date, the Director received a complaint through the Ministry of Long-Term Care's (MLTC) ACTIONLine from resident's family member with specific care concerns.

Review of the Administrator's notes showed that on two different occasions the Administrator met with a resident's family member. Administrator's notes stated they acknowledged the family members concerns. No further follow-up with the family was documented in the Administrator's notes and there was no other documentation in the home regarding the family's concerns.

The home's policy titled "Resident Protection (RES) – Complaint Procedure, Issued: Apr./06, Revised date(s): April 2022; Dec 2022" stated "Any complaint (verbal, written, telephone, email, or text) received at Riverview Gardens which comes from residents, families, visitors, and team members concerning the care of a resident or the operation of the home shall be investigated; and actions shall be taken for resolution."

The Administrator stated when the resident's family came in and voiced their concerns, there were some things that could not be answered in the moment and would be part of the investigation that the NM would be doing.

The Nurse Manager's investigation notes did not include a response to the resident's family. The Administrator confirmed follow up with the family in regard to those concerns should have been done, by themselves, after the home's investigation was complete.

Record reviews and interviews with the home's management showed no documented record was kept in the home, that included the licensee's final resolution.

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Sources: CIS reporting system; Administrator's notes; the home's policy "Resident Protection (RES) – Complaint Procedure, Issued: Apr./06, Revised date(s): April 2022; Dec 2022"; interviews with Administrator and NM.
[740895]

WRITTEN NOTIFICATION: Dealing with Complaints**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)

The licensee failed to ensure that a documented record of verbal complaints involving a specific resident was kept in the home, that included, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required.

Rationale and Summary

On a specific date, the Director received a complaint through the Ministry of Long-Term Care's (MLTC) ACTIONLine from resident's family member with specific care concerns.

Review of the Administrator's notes showed that on two different occasions the Administrator met with a resident's family member. Administrator's notes stated they acknowledged the family members concerns. No further follow-up with the family was documented in the Administrator's notes and there was no other documentation in the home regarding the family's concerns.

The home's policy titled "Resident Protection (RES) – Complaint Procedure, Issued: Apr./06, Revised date(s): April 2022; Dec 2022" stated "Any complaint (verbal, written, telephone, email, or text) received at Riverview Gardens which comes from residents, families, visitors, and team members concerning the care of a resident or the operation of the home shall be investigated; and actions shall be taken for resolution."

The Administrator stated when the resident's family came in and voiced their concerns, there were some things that could not be answered in the moment and would be part of the investigation that the NM would be doing.

The Nurse Manager's investigation notes did not include a response to the resident's family. The Administrator confirmed a follow up with the family in regard to those concerns should have been done, by themselves, after the home's investigation was complete.

Record reviews and interviews with the home's management showed no documented record was kept in the home, detailing the type of actions taken by the home to resolve the complaint, the dates of those actions, the timeframes for the actions to be completed and any follow-up actions the licensee

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may be required to complete.

Sources: CIS reporting system; Administrator's notes; the home's policy "Resident Protection (RES) – Complaint Procedure, Issued: Apr./06, Revised date(s): April 2022; Dec 2022"; interviews with Administrator and NM.

[740895]

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Rationale and Summary

Review of the resident's plan of care in PointClickCare (PCC) showed specific interventions to be implemented by the staff.

Review of the video evidence showed the specific interventions were not implemented for a resident in accordance with their plan of care related to their mobility. A specific Nurse Manager (NM) confirmed that the specific interventions were not provided to the resident at that time.

During interviews with a specific Personal Support Worker (PSW) and a Registered Nurse (RN), both staff members stated that the specific interventions were not provided to the resident in accordance with their plan of care for mobility.

There was increased risk to the resident when the home did not provide the care as specified for the resident related to mobility.

Sources: the home's video footage; resident's clinical record; staff interviews.

[740895]

WRITTEN NOTIFICATION: Medication Incidents and Adverse Drug Reactions

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

The licensee failed to ensure that every medication incident involving a resident was documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

Ministry of Long-Term CareLong-Term Care Operations Division
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An anonymous complaint reported to the Ministry of Long-Term Care identified residents were getting their bedtime medications several hours earlier than the prescribed order times documented as part of the residents' electronic Medication Administration Records (eMAR). The complainant reported registered nursing staff were administering medications scheduled for 2100 hours, including sedatives, at supertimes because the home was short staffed.

The Medication Admin Audit Report from Point Click Care was reviewed with Director of Care (DOC). The eMAR and clinical records for multiple residents were also reviewed. The physician's orders for specific medications were documented as part of the eMAR as administered and the Admin Audit report documented the medications were administered at a specific time. A progress note for the resident documented the medications were found in the medication cart in the strip pack and not administered as prescribed.

The Medication Errors (Medication Incident Report) policy last revised June 2022, stated, "All medication incidents, including near misses or close calls that are identified are reported immediately via reporting system and to nurse or designate. Pertinent information is to be collected and the immediate problem should be corrected. All Medication Incident Reports must be submitted to the Nurse Manager. The Nurse Manager will review the report and follow up with the staff involved. For incidents that involved the resident, the severity level of the incident is to be assessed, including the current status of the resident and any potential risk. Immediate actions are taken to access and maintain the resident's health. The physician is to be informed of medication incidents that involve the resident."

The DOC verified medications for the resident were documented as administered, however the medications were found in the medications cart by the night shift nurse and administered several hours later. The DOC stated one nurse can not override another nurse signature in the eMAR which was why the progress note was written to explain the incident. The DOC reviewed the binder for all Medication Incident reports and verified a Medication Incident Report was not completed.

Sources: the Medication Incident Reports, the Medication Admin Audit Report, the Medication Errors policy and clinical records for resident #009, as well as staff interviews.
[563]

WRITTEN NOTIFICATION: Maintenance Services**NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 96 (2) (a)

The licensee failed to ensure that procedures were developed and implemented to ensure that electrical and non-electrical equipment, including mechanical lifts, were kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications.

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Rationale and Summary:

An anonymous complaint reported to the Ministry of Long-Term Care identified staffing shortages and concerns that Personal Support Workers (PSWs) were documenting nightly tasks that were required by home's policy/procedure without actually completing those tasks. The complainant specifically identified checking slings and equipment.

The Director of Care stated the procedures developed and implemented to ensure mechanical lifts were kept in good repair included the "Daily Mechanical Lift Inspection Checklist" and PSWs were to also check each mechanical lift sling and mechanical lift prior to each use.

A Personal Support Worker (PSW) stated the mechanical lift checklist was identified as part of the "Job Routines = Personal Support Worker Riverview Gardens - Sept 2022 Night Shift Guideline Only" where it stated, "Do sling and portable lift checks" as part of the tasks completed between 2245 - 0030 hours. The PSW stated the PSW Job Routines identified ceiling lifts were checked on afternoons between 1915-2130 hours; shared PSWs also individually check lifts were operational and safe before use and PSWs were responsible for inspecting the portable mechanical lifts and the tub room lifts. The PSW verified there were seven mechanical lifts identified as part of the inspection checklist and matched the type and serial number of the lifts in use on a specific home care area.

The "Nightly Inspection of Slings" was not completed one of seven days and the "Daily Mechanical Lift Inspection Checklist" were not completed three of 12 days for the seven mechanical lifts used in the home on a specific home care area. The PSW verified the mechanical lift inspection was not completed. The Registered Practical Nurse verified there was no documented "Nightly Inspection of Slings" completed for the multiple residents using a sling during mechanical lift transfers.

The Manager of Long-Term Care verified the PSW staffing levels were sufficient on specific dates. The staffing plan documented a PSW compliment of one PSW/unit (10 full shifts) covering five floors. The DOC stated the home had a sufficient number of staff to complete the tasks during the night shift of on specific dates. The DOC stated the PSW compliment on nights included three PSWs per floor; two 12 hour shifts and one eight hour shift for a total of three PSWs per floor on nights.

The PSWs were responsible on the night shift to complete a "Daily Mechanical Lift Inspection Checklist" to ensure the mechanical lifts used to safely transfer residents were in good working order. The inspections were not completed three of 12 days for the seven mechanical lifts on a specific home area, and the "Nightly Inspection of Slings" was not completed one of seven days putting resident safety at risk for potential falls and injury during lifts and transfers.

Sources: the Daily Mechanical Lift Inspection Checklist, the Nightly Inspection of Slings, the Job Routines Personal Support Worker Night Shift Guideline Only, and staff interviews.

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WRITTEN NOTIFICATION: Medication Management System**NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

The licensee failed to ensure that written policies and protocols developed for the medication management system to ensure the accurate administration of all drugs used in the home were implemented.

Rationale and Summary:

Ontario Regulation 246/22 s. 123 (2) states, "The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home."

Ontario Regulation 246/22 s. 11 (1)(b) states, "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, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system is complied with."

The Medical Care - Medications Policy last revised September 2022 documented, "All medications administered must be recorded on the Medication Administration Record (MAR) immediately after administration."

Multiple anonymous complaints were reported to the Ministry of Long-Term Care identifying a staff shortage on specific dates. The complainants reported not having enough time to complete routine tasks and medication administration.

The Medication Admin Audit Reports from Point Click Care were reviewed with the Director of Care (DOC) for the medication administration on specific dates provided for in the anonymous complaints. The residents' electronic Medication Administration Records (eMAR) were also reviewed.

Multiple residents in the same home care area were administered medications that were documented at the same time. For multiple residents there was no documentation that specific medications were administered. There were no progress notes as part of the clinical records that the medications were discovered as not administered and the DOC verified there was no Medication Incident Report completed. The lack of documentation only speaks to the nurses' not documenting according to the home's policy that all medications administered must be recorded on the Medication Administration Record (MAR) immediately after administration.

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The DOC verified medications were to be documented as administered directly after the administration of the medication(s) and before starting the administration of medication(s) to another resident and the registered nursing staff did not follow the home's policy to ensure the accurate administration of all drugs used in the home by must be recording all medications administered on the eMAR immediately after administration.

Sources:

electronic Medication Administration Records for multiple residents, Medication Admin Audit Reports, clinical records for multiple residents and staff interviews.
[563]

COMPLIANCE ORDER CO #001 Administration of Drugs

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]

Specifically, the licensee must:

- a) Conduct at least one meeting with a Registered Practical Nurse and Registered Nurse from each of the ten units to discuss medication administration challenges on the day and evening shifts. Document the meeting date, who attended, what was discussed and the outcome.
- b) All Nursing Managers are to review the home's policies related to medication administration documentation, medication incident reporting and best practice standards related to medication administration. The licensee must keep a documented record of the review which includes who participated in the review, the date the review was conducted, any changes made to improve medication administration and the date that those changes were implemented (if any).
- c) Develop and implement an auditing process to monitor the documented administration times of medications on days and evenings, ensuring medications are administered at times prescribed.
- d) Keep a documented record of the audits including: the date completed, who completed the audits, the results of the audits, and the follow up with nursing staff. At least one audit of each of the ten units within the home must be completed prior to the compliance due date.
- e) Ensure a specific resident and all other residents', as identified within the report, drugs are administered in accordance with the directions for use specified by the prescriber.

Grounds

The licensee failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

Rationale and Summary:

An anonymous complaint reported to the Ministry of Long-Term Care identified residents were getting

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their bedtime medications several hours earlier than the prescribed order times documented as part of the residents' electronic Medication Administration Records (eMAR). The complainant reported registered nursing staff were administering medications scheduled for 2100 hours, including sedatives, at suppertimes because the home was short staffed. Other anonymous complaints were reported to the Ministry of Long-Term Care identifying a staff shortage on specific dates. The complainants reported not having enough time to complete routine tasks and medication administration.

The Medication Admin Audit Reports from Point Click Care were reviewed with the Director of Care (DOC) for the medication administration on specific dates provided in the complaints. The DOC verified specific residents' medications were not administered in accordance with the directions for use. Residents were not provided safe medication management to optimize effective drug therapy outcomes. Multiple residents were administered medications that were documented as administered at times not prescribed.

The Manager of Long-Term Care (LTC) was asked to review the staff rosters, agency staff lists and any other records to verify the number of registered nursing staff on duty during the day and evening shifts on specific dates between July and November 2022. The DOC and the Manager of LTC verified there was sufficient registered nursing staff to administer medications on the dates and shifts identified.

Sources: Staff Rosters, Agency Staff Lists, Hyperglycemia Policy, Medications Policy, electronic Medication Administration records, Medication Admin Audit Reports, residents' clinical records and staff interviews.

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This order must be complied with by April 20, 2023

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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